| Case 16-21686 Doc 1 Fill in this information to identify your case: | Filed 07/05/16  | Entered 07/05/16 16:29:08<br>age 1 of 64 | Desc Main                          |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the:                             |   |  |                                    |
| Northern District of: Illinois (State)                              | <u> </u>  |  |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |  | Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |  |  |  |  |  |  |  |  |  |  |
|---|----------------------------|---|--|--|--|--|--|--|--|--|--|--|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |  |  |  |  |  |  |  |
| 1. Your full name   | Seth                       |   |  |  |  |  |  |  |  |  |  |  |
| Write the name that is on   | First name                 | First name                                    |  |  |  |  |  |  |  |  |  |  |
| your government-issued  | Middle name                | Middle name                                   |  |  |  |  |  |  |  |  |  |  |
| picture identification (for example, your driver's                  | Ketchum                    |   |  |  |  |  |  |  |  |  |  |  |
| license or passport   | Last name                  | Last name                                     |  |  |  |  |  |  |  |  |  |  |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |  |  |  |  |  |  |  |  |  |  |
| 2. All other names you  |                            |   |  |  |  |  |  |  |  |  |  |  |
| have used in the last   | First name                 | First name                                    |  |  |  |  |  |  |  |  |  |  |
| 8 years   | Middle name                | Middle name                                   |  |  |  |  |  |  |  |  |  |  |
| Include your married or maiden names.                               |                            |   |  |  |  |  |  |  |  |  |  |  |
| ausau   | Last name                  | Last name                                     |  |  |  |  |  |  |  |  |  |  |
|   | First name                 | First name                                    |  |  |  |  |  |  |  |  |  |  |
|   | Middle name                | Middle name                                   |  |  |  |  |  |  |  |  |  |  |
|   | Last name                  | Last name                                     |  |  |  |  |  |  |  |  |  |  |
| 3. Only the last 4 digits of your Social                            | XXX - XX- <u>0794</u>      | xxx - xx-                                     |  |  |  |  |  |  |  |  |  |  |
| Security number or  | OR                         | OR  |  |  |  |  |  |  |  |  |  |  |
| federal Individual  | 9 xx - xx-                 | 9 xx - xx-                                    |  |  |  |  |  |  |  |  |  |  |
| Taxpayer Identification number (ITIN)                               |                            |   |  |  |  |  |  |  |  |  |  |  |

Doc 1 Filed 07/Q5/46 Entered 07/05/16 /16:29:08 Desc Main Debtor 1 Seth Page 2 of 64 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 14425 Woodlawn Ave Number Street Number Street 60419 Dolton Illinois City State Zip Code City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City State Zip Code City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Seth Case 16-21686 Doc 1 Filed 07/405/16 Entered 07/405/16 @166:29:08 Desc Main

First Name Documentary Case

Tell the Court About Your Bankruptcy Case

| Ten the Sourt At  | Jour Tour Bankruptcy Case  |  |   |
|---|--|--|---|
| 7. The chapter of the<br>Bankruptcy Code<br>you are choosing to<br>file under   | Check one. (For a brief description of each, see Notice B2010)). Also, go to the top of page 1 and check the a Chapter 7 Chapter 11 Chapter 12 Chapter 13  |  | n) for Individuals Filing for Bankruptcy (Form  |
| 8. How you will pay the fee   | I will pay the entire fee when I file m court for more details about how you me pay with cash, cashier's check, or more behalf, your attorney may pay with a complete I need to pay the fee in installments and I request that my fee be waived (You law, a judge may, but is not required to 150% of the official poverty line that a installments). If you choose this option Fee Waived (Official Form 103B) and fi | may pay. Typically, if you a ney order If your attorned redit card or check with a part of the card or card of the card | are paying the fee yourself, you may by is submitting your payment on your pre-printed address.  sign and attach the Application for 3A).  Inly if you are filing for Chapter 7. By do so only if your income is less than and you are unable to pay the fee in |
| 9. Have you filed for bankruptcy within the last 8 years?   | No.  ✓ Yes. District  District  District   | When 6/8/2015  MM / DD / YYYY  When MM / DD / YYYY  When MM / DD / YYYY  | Case number   |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  ☐ Yes. Debtor  District  Debtor  District   | When   | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
| 11. Do you rent your residence?   | ✓ No. Go to line 12.  ☐ Yes. Has your landlord obtained an eviction judg  ✓ No. Go to line 12.  ☐ Yes. Fill out <i>Initial Statement About an</i> this bankruptcy petition.  |  |   |

Page 4 of 64 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{\phantom{a}}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Number Street that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Seth Case 16-21686

Doc 1

Filed 07/05/16

Entered 07/05/16 /16:29:08 Desc Main

Debtor 1 Seth Case 16-21686 Doc 1 Filed 07/405/116 Entered 07/405/116 (11/6/129:08 Desc Main

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Page 5 of 64

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

You must check one:

## 15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

## About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case):

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about cre | di |
|---|----|
| counseling because of:                            |    |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions

about finances.

**Disability.** My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Doc 1 Filed 07k95k166 Entered 07k95k166 16k6k29:08 Desc Main Page 6 of 64 Document Document **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Seth Ketchum Signature of Debtor 2 Signature of Debtor 1 Executed on 7/5/2016 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Seth Case 16-21686 Doc 1 Filed 07/Q5/LL6 Entered 07/Q5/LL6 (11/6):29:08 Desc Main

Document Pire Page 7 of 64

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Ayah Abdelhadi               |          | Date | 7/5/2016      | <u> </u>              |
|----------------------------------|----------|------|---------------|-----------------------|
| Signature of Attorney for Debtor |          |      | MM / DD / Y   | YYYY                  |
| Ayah Abdelhadi                   |          |      |               |                       |
| Printed name                     |          |      |               |                       |
| Semrad Law Firm                  |          |      |               |                       |
| Firm name                        |          |      |               |                       |
| 11101 S. Western Avenue          |          |      |               |                       |
| Street                           |          |      |               |                       |
| Chicago                          | Illinois |      |               | 60643                 |
| City                             | State    |      |               | Zip Code              |
| Contact phone                    |          | E    | Email address | aabdelhadi@semradlaw. |
|                                  |          | ĺ    | llinois       |                       |
| Bar number                       |          |      | State         |                       |

<u>Doc 1 Filed 07/05/16 Entered 07/0</u>5/16 16:29:08 Desc Main Fill in this information to identify your case: Debtor 1 Ketchum First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$16,056.00 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$16,056.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$24,321.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$342.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$5.847.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... \$30,510.00 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$2.982.07 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$2,040.00

Seth Case 16-21686 Doc 1 Filed 07k@5k126 <u>Entered</u> 07/05/16 /16/29:08 <u>Desc Main</u> Debtor 1 Page 9 of 64 **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$4,101.00 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$342.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$1,670.00 9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$2,012.00

|                                    | Case 16-21686  | Doc 1  | Filed 07/05/16  | Entered 07/05/16  | 16:29:08 I   | Desc Main  |  |  |  |
|------------------------------------|--|--|---|---|--|--|--|--|--|
| Fill in this i                     | information to identify your case  | :  |   |   |  |  |  |  |  |
| Debtor 1                           | Seth   |  | Ketch   | ium   |  |  |  |  |  |
|                                    | First Name   | Middle I   | Name Last N   | Name  |  |  |  |  |  |
| Debtor 2<br>(Spouse, it            | f filing) First Name   | Middle I   | Name Last N   | Name  |  |  |  |  |  |
| United Sta                         | ates Bankruptcy Court for the:   | Northern   | District of II  | Illinois<br>State)  |  |  |  |  |  |
| Case num<br>(If known)             | ber  |  | ·   | - Claricy   |  |  |  |  |  |
| Officia                            | I Form 106A/B  |  |   | <u></u>   |  | Check if this is an amended filing   |  |  |  |
| Sched                              | dule A/B: Prope  | rty  |   |   |  | 12/1   |  |  |  |
| esponsibl<br>rrite your<br>Part 1: | where you think it fits best. Be le for supplying correct information and case number (if knot bescribe Each Residence own or have any legal or equal to the Court Park Court Pa | mation. If more spown). Answer evence, Building, I | pace is needed, attach<br>ery question.<br>Land, or Other Rea         | a separate sheet to this form<br>Il Estate You Own or Ha  | . On the top of an   | y additional pages,  |  |  |  |
| $\mathbf{Z}$                       | No. Go to Part 2   |  |   |   |  |  |  |  |  |
|                                    | Yes. Where is the property?  |  |   |   |  |  |  |  |  |
| 1.1                                |  |  | What is the property Single-family home                               | ,   | Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule |  |  |  |  |
|                                    | Street address, if available, or o   | other description                                  | Duplex or multi-un  |   | Creditors Who Ha   | ave Claims Secured by Property.  |  |  |  |
|                                    |  |  | Condominium or co   | · ·   | Current value of   |  |  |  |  |
|                                    |  |  | Manufactured or m   | obile home  | entire property?   | portion you own?   |  |  |  |
|                                    |  |  | Land  |   |  |  |  |  |  |
|                                    | Number Street  |  | Investment property   | y   |  | ure of your ownership<br>fee simple, tenancy by                              |  |  |  |
|                                    | City State   | Zip Code   | Timeshare<br>Other  |   | the entireties, or   | a life estate), if known.  |  |  |  |
|                                    |  |  | Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the o | debtors and another                                       | (see instruc   | s is community property<br>tions)  |  |  |  |
|                                    |  |  | property identification   | ou wish to add about this iten<br>on number:              | i, Such as local   |  |  |  |  |
| If you o                           | own or have more than one, list h  | ere:   | What is the property Single-family home                               | • • •   | Do not deduct sec  | cured claims or exemptions. Put secured claims on Schedule D:                |  |  |  |
| 1.2                                | Street address, if available, or o   | other description                                  | Duplex or multi-un  | it building   | Current value of   |  |  |  |  |
|                                    |  |  | Manufactured or m   | •   | entire property?   | portion you own?   |  |  |  |
|                                    | Number Street  |  | Investment property Timeshare   | У   | interest (such as  | ure of your ownership<br>fee simple, tenancy by<br>a life estate), if known. |  |  |  |
|                                    | City State   | Zip Code   | Other   |   |  | a mo cotatoj, ii kilowili  |  |  |  |
|                                    |  |  | Debtor 1 only Debtor 2 only Debtor 1 and Debtor                       | in the property? Check one. or 2 only debtors and another | Check if this (see instruct  | s is community property<br>tions)  |  |  |  |

Other information you wish to add about this item, such as local property identification number:

| 1.3                     |   | Middle Name                                     | DocumerName Page 11 of 64  |  |
|-------------------------|---|---|--|--|
| Str<br>                 | eet address, if available, or c   | other description                               | Documes have Page 11 of 64  What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home                    | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own? |
| Nu<br>Cit               | mber Street y State   | Zip Code  | Land Investment property Timeshare Other   | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  |
|                         |   |   | Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this item, | Check if this is community property (see instructions)   |
|                         | ave attached for Part 1. Wr   |   | property identification number:all of your entries from Part 1, including any entries re   |  |
| i ait Z.                | Describe Your Vehic   | les   |  |  |
| ou own to<br>3. Cars, v | hat someone else drives. If yo<br>ans, trucks, tractors, sport ut<br>o                                | equitable interest i<br>ou lease a vehicle, als | in any vehicles, whether they are registered or not? It so report it on Schedule G: Executory Contracts and Unex ycles   |  |
| ou own to<br>3. Cars, v | wn, lease, or have legal or<br>hat someone else drives. If yo<br>ans, trucks, tractors, sport ut<br>o | equitable interest i<br>ou lease a vehicle, als | so report it on Schedule G: Executory Contracts and Unex   |  |

| 3.3 |  | Filed 07/Q5/46 Entered 07/05/44   | 6/146/29: <u>08 DescN</u>  | viain   |  |  |  |  |
|-----|--|---|--|---|--|--|--|--|
| 0.0 | First Name Middle Name   | Docume Page 12 of 64 Who has an interest in the property? Check   | Do not deduct secured claims   | s or evernations. Put   |  |  |  |  |
|     | Model:   | one.  | the amount of any secured cla  |   |  |  |  |  |
|     | Year:  | Debtor 1 only   | Creditors Who Have Claims Secured by Property.   |   |  |  |  |  |
|     | Approximate mileage:   | Debtor 2 only   | 0  |   |  |  |  |  |
|     | Other information:   | Debtor 1 and Debtor 2 only  |  | urrent value of the ortion you own?   |  |  |  |  |
|     | Other information.   |   | ——————————————————————————————————————   |   |  |  |  |  |
|     |  | At least one of the debtors and another   |  |   |  |  |  |  |
|     |  | Check if this is community property (see instructions)  |  |   |  |  |  |  |
| 3.4 | Make   | Who has an interest in the property? Check  | Do not deduct secured claims   |   |  |  |  |  |
|     | Model:   | one.  | the amount of any secured cla  |   |  |  |  |  |
|     | Year:  | Debtor 1 only   | Creditors Who Have Claims  | Secured by Property.  |  |  |  |  |
|     | Approximate mileage:   | Debtor 2 only   | Current value of the Cu  | Current value of the  |  |  |  |  |
|     | Other information:   | Debtor 1 and Debtor 2 only  | entire property? po  | ortion you own?   |  |  |  |  |
|     |  | At least one of the debtors and another   |  |   |  |  |  |  |
|     |  | Check if this is community property (see instructions)  |  |   |  |  |  |  |
| 4.1 | Yes<br>Make  |   |  |   |  |  |  |  |
| 4.1 |  | Who has an interest in the property? Check  | Do not deduct secured claim:   | s or exemptions. Put  |  |  |  |  |
|     | Model:   | Who has an interest in the property? Check one.   | Do not deduct secured claims<br>the amount of any secured claims   | •   |  |  |  |  |
|     | Year:  |   |  | aims on <i>Schedule D:</i>  |  |  |  |  |
|     |  | one.  | the amount of any secured cla<br>Creditors Who Have Claims   | aims on Schedule D:<br>Secured by Property.   |  |  |  |  |
|     | Year:  | one.  Debtor 1 only   | the amount of any secured classifications Who Have Claims  Current value of the Cu   | aims on <i>Schedule D:</i>  |  |  |  |  |
|     | Year: Approximate mileage:   | one.  Debtor 1 only  Debtor 2 only  | the amount of any secured classifications Who Have Claims  Current value of the Cu   | aims on Schedule D: Secured by Property.  urrent value of the   |  |  |  |  |
|     | Year: Approximate mileage:   | one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  | the amount of any secured classifications Who Have Claims  Current value of the Cu   | aims on Schedule D: Secured by Property.  urrent value of the   |  |  |  |  |
| 4.2 | Year: Approximate mileage:   | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see   | the amount of any secured classifications Who Have Claims  Current value of the Cu   | aims on Schedule D: Secured by Property.  urrent value of the ortion you own?   |  |  |  |  |
| 4.2 | Year: Approximate mileage: Other information:  Make Model:                             | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)   | the amount of any secured class Creditors Who Have Claims  Current value of the entire property? po  Do not deduct secured claims the amount of any secured claims   | aims on Schedule D: Secured by Property.  urrent value of the ortion you own?  s or exemptions. Put aims on Schedule D:   |  |  |  |  |
| 4.2 | Year: Approximate mileage: Other information:  Make Model: Year:                       | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check   | the amount of any secured clause Creditors Who Have Claims  Current value of the entire property? po   | aims on Schedule D: Secured by Property.  urrent value of the ortion you own?  s or exemptions. Put aims on Schedule D:   |  |  |  |  |
| 4.2 | Year: Approximate mileage: Other information:  Make Model:                             | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one.  | the amount of any secured clarateristics. Who Have Claims  Current value of the entire property?  Do not deduct secured claims the amount of any secured claims. Creditors Who Have Claims   | aims on Schedule D: Secured by Property.  urrent value of the ortion you own?  s or exemptions. Put aims on Schedule D:   |  |  |  |  |
| 4.2 | Year: Approximate mileage: Other information:  Make Model: Year:                       | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only  | the amount of any secured clarateristics. Who Have Claims  Current value of the entire property?  Do not deduct secured claims the amount of any secured claims. Current value of the Current value | aims on Schedule D: Secured by Property.  urrent value of the ortion you own?  s or exemptions. Put aims on Schedule D: Secured by Property.                      |  |  |  |  |
| 4.2 | Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only                            | the amount of any secured clarateristics. Who Have Claims  Current value of the entire property?  Do not deduct secured claims the amount of any secured claims. Current value of the Current value | aims on Schedule D: Secured by Property.  urrent value of the ortion you own?  s or exemptions. Put aims on Schedule D: Secured by Property.  urrent value of the |  |  |  |  |
| 4.2 | Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secured clarateristics. Who Have Claims  Current value of the entire property?  Do not deduct secured claims the amount of any secured claims. Current value of the Current value | aims on Schedule D: Secured by Property.  urrent value of the ortion you own?  s or exemptions. Put aims on Schedule D: Secured by Property.  urrent value of the |  |  |  |  |

Debtor 1 Seth Case 16-21686 Doc 1 Filed 07/Q5/G6 Entered 07/Q5/G6 Ab6v29:08 Desc Main
First Name Document Page 13 of 64

**Describe Your Personal and Household Items** 

| D                       | o you own or ha   | ive any legal or equitable interest in any of the following items?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|-------------------------|---|--|--|
| 6                       | . Household goods   | and furnishings  |  |
|                         |   | liances, furniture, linens, china, kitchenware   |  |
|                         | No  |  |  |
| $\checkmark$            | Yes. Describe   | Used furniture   | \$400.00   |
|                         |   |  | <u> </u>   |
|                         | . Electronics<br>Examples: Televisions                                  | s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music  |  |
|                         | No  |  |  |
| <b>✓</b>                | Yes. Describe   | Cell Phone   | \$350.00   |
| 8                       | . Collectibles of val   | ue   |  |
|                         |   | and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;   |  |
|                         | • •   | in, or baseball card collections; other collections, memorabilia, collectibles   |  |
| $\overline{\mathbf{V}}$ | No  |  |  |
|                         | Yes. Describe   |  |  |
| 9                       | . Equipment for spo   | orts and hobbies   |  |
|                         | Examples: Sports, ph  | otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments |  |
| <b>V</b>                | No  |  |  |
| П                       | Yes. Describe   |  |  |
|                         |   |  |  |
|                         | <b>0. Firearms</b> Examples: Pistols, rifle                             | es, shotguns, ammunition, and related equipment  |  |
| <b>V</b>                | No  |  |  |
| Ħ                       | Yes. Describe   |  | <u> </u>   |
| г                       |   |  |  |
|                         |   | clothes, furs, leather coats, designer wear, shoes, accessories  |  |
| Н                       | No  |  |  |
| ⊻                       | Yes. Describe   | Used clothing  | \$350.00   |
| _                       | 2 lourelm   |  |  |
|                         | <ol><li>Jewelry</li><li>Examples: Everyday je<br/>gold, silve</li></ol> | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, r   |  |
|                         | No  |  |  |
| Ħ                       | Yes. Describe   |  |  |
| _                       | 2 Non form onimals  |  |  |
|                         | <ol><li>Non-farm animals<br/>Examples: Dogs, cats</li></ol>             |  |  |
|                         | No  | , 51140, 1101000   |  |
| H                       | Yes. Describe   |  |  |
| ٢                       | Tes. Describe   |  |  |
| 1                       | 4. Any other person   | al and household items you did not already list, including any health aids you did not list  |  |
|                         | No  |  |  |
|                         | Yes. Describe   |  |  |
| 1                       | 5. Add the dollar va  | lue of all of your entries from Part 3, including any entries for pages you have attached  |  |
|                         |   | number here  | \$1100.00  |

Debtor 1 Seth Case 16-21686 Doc 1 Filed 07/Q5/466 Entered 07/05/466/29:08 Desc Main

First Name Middle Name Document Page 14 of 64

**Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes 17.1. Checking account: JP Morgan Chase \$56.00 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No Institution or issuer name: Yes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

Case 16-21686 Doc 1 Filed 07kQ5k116 Entered Q7kQ5k116 116k329:08 Desc Main Document Page 15 of 64 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Yes. Give specific information about Issuer name: them.... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans **✓** No Type of account: Institution name: Yes. List each account separately. 401(k) or similar plan: 401(k) or similar plan: Pension plan: Pension plan: IRA: IRA: Retirement account: Retirement account: Keogh: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others **✓** No Institution name: Yes.... Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **✓** No Issuer name and description: Yes....

| Debte | or 1  | Seth<br>First Na              | Ca       | se :   | 16-   | -216    | 86       | D(<br>Middle | oc 1    | L F    |           |         | <b>105/1</b> 16<br>12th         |      |         |          |      |          | 5/1 <u>1</u> 6 | 6 (iA  | 6:29     | ): <u>08</u> | D    | es         | c N                  | /lain                            | <u> </u> |            |    |   |
|-------|-------|-------------------------------|----------|--------|-------|---------|----------|--------------|---------|--------|-----------|---------|---------------------------------|------|---------|----------|------|----------|----------------|--------|----------|--------------|------|------------|----------------------|----------------------------------|----------|------------|----|---|
| 24.   |       | rests<br>J.S.C.               |          |        |       |         |          |              |         | in a q | ualifie   | d AB    | LE progr                        | am   | ı, or ı | ınder    | a qı | alified  | stat           | te tu  | ition p  | rogran       | n.   |            |                      |                                  |          |            |    |   |
|       |       | No<br>Yes                     |          | nstitu | tion  | name    | and de   | escript      | tion. S | Separa | tely file | e the r | records of                      | an   | y inte  | rests.1  | 1 U. | S.C. §   | 521(           | c):    |          |              | ·    |            |                      |                                  |          |            |    |   |
| 25.   |       | sts, ed<br>rcisab             | -        |        |       |         | terest   | s in p       | roper   | rty (o | her th    | nan ar  | nything li                      | iste | ed in   | line 1)  | , an | d right  | s or           | pov    | vers     |              |      |            |                      |                                  |          |            |    |   |
|       |       | No<br>Yes. [                  | Descr    | be     |       |         |          |              |         |        |           |         |                                 |      |         |          |      |          |                |        |          |              |      | ] -        |                      |                                  |          |            |    |   |
| 26.   | Еха   |                               | Interr   | net do |       |         |          |              |         |        |           |         | <b>llectual p</b><br>s and lice |      |         | reeme    | ents |          |                |        |          |              |      | ] -        |                      |                                  |          |            |    |   |
| 27.   | Еха   | enses<br><i>mpl</i> es:<br>No |          |        |       |         |          |              |         |        |           | issocia | ation hold                      | ling | s, liqu | ıor lice | ense | s, profe | essio          | nal li | icenses  | 8            |      |            |                      |                                  |          |            |    |   |
|       |       | Yes. [                        | Descr    | be     |       |         |          |              |         |        |           |         |                                 |      |         |          |      |          |                |        |          |              |      | -          |                      |                                  |          |            |    |   |
| Mon   | iey ( | or pr                         | opei     | ty o   | we    | d to    | you?     | •            |         |        |           |         |                                 |      |         |          |      |          |                |        |          |              |      | oq<br>1 oQ | <b>rtio</b><br>not d | nt va<br>n yo<br>educt<br>r exen | u ov     | wn?<br>red | пе |   |
| 28.   | Tax   | refunc                        | ls ow    | ed to  | yοι   | ı       |          |              |         |        |           |         |                                 |      |         |          |      |          |                |        |          |              |      |            |                      |                                  |          |            |    |   |
|       |       | Yes. G                        | bout 1   | hem,   | inclu |         | whethe   | er           |         |        |           |         |                                 |      |         |          |      |          |                |        | deral:   |              |      | -          |                      |                                  |          |            |    | _ |
| 00    | F     |                               |          |        | /ears | S       |          |              |         |        |           |         |                                 |      |         |          |      |          |                | Lo     | cal:     |              |      | _          |                      |                                  |          |            |    |   |
|       |       | ily sup<br>nples: I           |          |        | lum   | ıp sum  | alimor   | ny, spo      | ousal s | suppo  | rt, child | d supp  | ort, main                       | tena | ance,   | divorc   | e se | ttlemen  | t, pro         | opert  | y settle | ment         |      |            |                      |                                  |          |            |    |   |
|       |       | No                            |          |        |       |         |          |              |         |        |           |         |                                 |      |         |          |      |          |                | Ali    | mony:    |              |      |            |                      |                                  |          |            |    |   |
|       | ш '   | Yes. G                        | ive sp   | ecitic | into  | ormatic | n        |              |         |        |           |         |                                 |      |         |          |      |          |                | Ma     | aintena  | nce:         |      |            |                      |                                  |          |            |    |   |
|       |       |                               |          |        |       |         |          |              |         |        |           |         |                                 |      |         |          |      |          |                | Su     | pport:   |              |      | _          |                      |                                  |          |            |    |   |
|       |       |                               |          |        |       |         |          |              |         |        |           |         |                                 |      |         |          |      |          |                | Di     | vorce s  | ettleme      | nt:  | _          |                      |                                  |          |            |    |   |
| 00    | 011   |                               |          |        |       |         |          |              |         |        |           |         |                                 |      |         |          |      |          |                | Pro    | operty s | settleme     | ent: | _          |                      |                                  |          |            |    |   |
|       |       |                               | Unpai    | d wag  | ges,  | disabi  | lity ins |              |         |        |           | -       | enefits, sic<br>ne else         | k p  | ay, va  | cation   | pay, | worker   | s' co          | mpe    | nsation  | ,            |      |            |                      |                                  |          |            |    |   |
|       |       | No                            | <b>-</b> | . 0000 | unty  | Sorion  | w, unip  | .aia 100     | ano y   | Junia  | io 3      |         | . 10 0/60                       |      |         |          |      |          |                |        |          |              |      |            |                      |                                  |          |            |    |   |
|       |       | Yes. D                        | escrit   | e      |       |         |          |              |         |        |           |         |                                 |      |         |          |      |          |                |        |          |              |      | -          |                      |                                  |          |            |    |   |

| Deb  | tor 1    | Seth Case 16 First Name                             | 6-21686           | Doc 1          | Filed 07/05/16<br>Document                              | <u>Entered</u> 07/05/ณ์<br>Page 17 of 64 | 166646664291 <u>08</u> D   | esc Main   |
|------|----------|---|-------------------|----------------|---|--|----------------------------|--|
| 31.  |          | rests in insurance mples: Health, disabi            |                   | rance; health  |   | edit, homeowner's, or renter             | 's insurance               |  |
|      |          | No<br>Yes. Name the insur<br>of each policy and lis |                   |                | Company name:   |  | Beneficiary:               | Surrender or refund value:   |
| 32.  | If you   |   | of a living trust |                | meone who has died<br>ceeds from a life insurance p     | policy, or are currently entitle         | d to receive               |  |
| 33.  | Clai     | ms against third pa                                 |                   |                | n have filed a lawsuit or made claims, or rights to sue | ade a demand for paymer                  | nt                         |  |
|      | <b>✓</b> | No<br>Yes. Describe                                 |                   |                |   |  |                            |  |
| 34.  |          | er contingent and et off claims                     | unliquidated      | claims of ev   | very nature, including cou                              | unterclaims of the debtor                | and rights                 |  |
|      | H        | No<br>Yes. Describe                                 |                   |                |   |  |                            |  |
| 35.  | _        | financial assets yo                                 | u did not alre    | ady list       |   |  |                            |  |
|      | Ī        | Yes. Describe                                       |                   |                |   |  |                            |  |
| 36.  |          |   | -                 |                |   | es for pages you have att                |                            | \$56.00  |
| Part | 5:       | Describe Any B                                      | Business-Re       | elated Pro     | perty You Own or Ha                                     | ave an Interest In. Lis                  | st any real estate i       | n Part 1.  |
| 37.  | Do y     | ou own or have ar                                   | y legal or equ    | uitable intere | est in any business-relate                              | d property?                              |                            |  |
|      |          | No. Go to Part 6.<br>Yes. Go to line 38.            |                   |                |   |  |                            | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | Acc      | ounts receivable or                                 | commissions       | s you alread   | y earned  |  |                            |  |
|      | =        | No<br>Yes. Describe                                 |                   |                |   |  |                            |  |
| 39.  |          | ce equipment, furn<br>mples: Business-rela          |                   |                | odems, printers, copiers, fax                           | x machines, rugs, telephone              | s, desks, chairs, electron | ic devices   |
|      |          | No<br>Yes. Describe                                 |                   |                |   |  |                            |  |

| Deb          |                                     |   | <del>2SC Main</del>                   |
|--------------|-------------------------------------|---|---------------------------------------|
| 40.          | First Name  Machinery, fixtures, eq | Middle Name Docum e hage 18 of 64<br>uipment, supplies you use in business, and tools of your trade                   |                                       |
|              | <b>✓</b> No                         |   |                                       |
|              | Yes. Describe                       |   |                                       |
| 41.          | Inventory                           |   |                                       |
|              | <b>✓</b> No                         |   |                                       |
|              | Yes. Describe                       |   |                                       |
| 42.          | Interests in partnershi             | ps or joint ventures  |                                       |
|              | ✓ No                                |   |                                       |
|              | Yes. Give specific                  | Name of entity: % of ownership:   |                                       |
|              | information about them              | ·   | <del>-</del> ———                      |
|              | ulem                                |   |                                       |
|              |                                     |   | _                                     |
| 43. <b>(</b> | Customer lists, mailing             | lists, or other compilations  |                                       |
|              | ✓ No                                |   |                                       |
|              | Yes. Do your lists inc              | clude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?                                       |                                       |
|              | ☐ No                                |   |                                       |
|              | Yes. Descr                          | be  |                                       |
| 44.          | Any business-related p              | roperty you did not already list  |                                       |
|              | <b>✓</b> No                         |   |                                       |
|              | Yes. Give specific                  |   |                                       |
|              | information                         | ·   | <u> </u>                              |
|              |                                     |   | <u> </u>                              |
|              |                                     | -   |                                       |
|              |                                     |   |                                       |
|              |                                     |   |                                       |
|              |                                     |   |                                       |
|              |                                     | of your entries from Part 5, including any entries for pages you have attached  |                                       |
| or Pa        | art 5. Write that number            |   |                                       |
| Part         |                                     | arm- and Commercial Fishing-Related Property You Own or Have an Interest In. interest in farmland, list it in Part 1. |                                       |
| 46.          | Do you own or have a                | ny legal or equitable interest in any farm- or commercial fishing-related property?                                   |                                       |
|              | ✓ No. Go to Part 7.                 |   | Current value of the portion you own? |
|              | Yes. Go to line 47.                 |   | Do not deduct secured                 |
|              |                                     |   | claims<br>or exemptions               |
| 47.          |                                     |   |                                       |
|              | Examples: Livestock, pou            | litry, farm-raised fish   |                                       |
|              | ✓ No                                |   |                                       |
|              | Yes. Describe                       |   |                                       |

| Deb          | tor 1 Seth Case 16 First Name | 6-21686 Doc 1<br>Middle Name                       | Filed 07/Q5/11/6<br>Document | Entered 07/05/16/16/29:08 Page 19 of 64 | Desc Main    |
|--------------|-------------------------------|--|------------------------------|---|--------------|
| 48.          | Crops-either growing          | or harvested                                       | Boodinone                    | . ago 10 0. 0 .                         |              |
|              | <b>✓</b> No                   |  |                              |   |              |
|              | Yes. Describe                 |  |                              |   |              |
| 49.          | Farm and fishing equip        | oment, implements, mach                            | inery, fixtures, and tools   | of trade                                |              |
|              | <b>✓</b> No                   |  |                              |   |              |
|              | Yes. Describe                 |  |                              |   |              |
| 50.          | Farm and fishing suppl        | lies, chemicals, and feed                          |                              |   |              |
|              | ✓ No                          |  |                              |   |              |
|              | Yes. Describe                 |  |                              |   |              |
| 51.          | Any farm- and commer          | cial fishing-related proper                        | rty you did not already lis  | st                                      |              |
|              | ✓ No                          |  |                              |   |              |
|              | Yes. Describe                 |  |                              |   |              |
| 52 A         | dd tho dollar valuo of all    | of your antries from Part                          | 6 including any entries      | for pages you have attached             |              |
|              |                               |  |                              |   |              |
|              |                               |  |                              |   |              |
|              |                               |  |                              |   |              |
| Part<br>53.  |                               | operty You Own or Ha<br>erty of any kind you did r |                              | nat You Did Not List Above              |              |
| 55.          |                               | , country club membership                          | iot alleady list?            |   |              |
|              | ✓ No                          |  |                              |   |              |
|              | Yes. Give specific            |  |                              |   |              |
|              | information                   |  |                              |   |              |
|              |                               |  |                              |   |              |
| 54. A        | dd the dollar value of all    | of your entries from Part                          | 7. Write that number her     | re                                      |              |
|              |                               | •  |                              |   |              |
|              |                               |  |                              |   |              |
| Part         | 8: List the Totals of         | of Each Part of this F                             | orm                          |   |              |
| 55. <b>i</b> | Part 1: Total real estate, l  | ine 2  |                              | <b>&gt;</b>                             |              |
| 56. <b>p</b> | part 2 total vehicles, line   | 5  | \$14900.0                    | 0                                       |              |
| 57. <b>P</b> | art 3: Total personal and     | l household items, line 15                         | ·                            |   |              |
| 58. <b>P</b> | art 4: Total financial asso   | ets, line 36                                       | \$56.00                      |   |              |
| 59. <b>F</b> | Part 5: Total business-re     | lated property, line 45                            |                              | <u> </u>                                |              |
| 60. <b>F</b> | Part 6: Total farm- and fi    | shing-related property, lir                        | ne 52                        |   |              |
| 61. <b>F</b> | Part 7: Total other prope     | rty not listed, line 54                            |                              |   |              |
| 62. 7        | Total personal property.      | Add lines 56 through 61                            | \$16056.0                    | 0                                       | + \$16056.00 |
|              |                               |  | ψ10050.0                     | Copy personal property t                |              |
|              |                               |  |                              |   | \$16056.00   |
| 63. <b>T</b> | otal of all property on So    | chedule A/B. Add line 55 +                         | line 62                      |   |              |

| EIII                   | in this inform   | Case 16-21686 ation to identify your case:   | Doc 1 Filed 07/0   | 05/16 Entered 07/0  | 5/16 16:29:08  | Desc Main   |
|------------------------|--|--|--|---|--|---|
|                        | otor 1   | Seth   | Middle News  | Ketchum   |  |   |
|                        | otor 2<br>ouse, if filing)   | First Name   | Middle Name  Middle Name   | Last Name  Last Name  |  |   |
|                        |  |  |  | istrict of Illinois   |  |   |
|                        | se number<br>nown)   |  |  | (State)   |  |   |
|                        | · · · · · · · · · · · · · · · · · · ·  | orm 106C   |  |   |  | Check if this is a amended filing   |
|                        |  |  | erty You Claim   | as Exempt   |  | 12/1  |
| for is to exe received | each iten o state a s mpted up eive certa mption of perty is d t1: Ident Which set | additional pages, write<br>n of property you clai<br>pecific dollar amount<br>to the amount of any<br>in benefits, and tax-e<br>100% of fair market we<br>etermined to exceed<br>ify the Property You Coof exemptions are you claiming state and federal need claiming federal exemption | m as exempt, you must as exempt. Alternative applicable statutory exempt retirement functivalue under a law that that amount, your exempt iming? Check one only, ever onbankruptcy exemptions. 11 s. 11 U.S.C. § 522(b)(2) | umber (if known).  Ist specify the amount of ely, you may claim the fullimit. Some exemptions—ds—may be unlimited in limits the exemption to amption would be limited in if your spouse is filing with you. | the exemption you<br>all fair market value<br>—such as those foo<br>dollar amount. How<br>a particular dollar<br>to the applicable s | r health aids, rights to<br>wever, if you claim an<br>amount and the value of the |
|                        |  | ription of the property and  |  | Amount of the exemption you Check only one box for each exe   | •  | cific laws that allow exemption   |
|                        | Brief<br>description   | Hyundai, Genesis, 201<br>2012 Hyundai Genesis  | . \$17,000,00  | п   | -  | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b)                                   |
|                        | Line from Schedule A   |  | <u> </u>   | 100% of fair market value, u applicable statutory limit   | p to any   |   |
|                        | Brief<br>description   | JP Morgan Chase  | \$56.00  | <b>V</b>  |  | 735 ILCS 5/12-1001(b)   |
|                        | Line from<br>Schedule A  |  |  | \$56.00<br>100% of fair market value, u<br>applicable statutory limit   | p to any   |   |
| 3.                     | (Subject to  | adjustment on 4/01/19 and e  |  | ? s filed on or after the date of adjus 1,215 days before you filed this ca   | ,  |   |

Filed 07k95k16 Entered 07k95k16 /146k129:08 Desc Main Document Page 21 of 64 

| Par | t2: Addition  | al Page  |   |  |                                    |
|-----|---|--|---|--|------------------------------------|
|     | •   | on of the property and line<br>/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | nt of the exemption you claim only one box for each exemption.             | Specific laws that allow exemption |
|     | Brief<br>description:<br>Line from<br>Schedule A/B: | Used furniture 06  | \$400.00  | \$400.00<br>0% of fair market value, up to any<br>plicable statutory limit | 735 ILCS 5/12-1001(b)              |
|     | Brief<br>description:<br>Line from<br>Schedule A/B: | Used clothing  | \$350.00  | \$350.00<br>0% of fair market value, up to any<br>plicable statutory limit | 735 ILCS 5/12-1001(a)              |
|     | Brief description: Line from Schedule A/B:          | Cell Phone 07  | \$350.00  | \$350.00<br>0% of fair market value, up to any<br>plicable statutory limit | 735 ILCS 5/12-1001(b)              |

|  |                                  | Case 16-21686   | Doc 1 Filed (   | 07/05/16 Entered 07/05   | /16 16:29:08   | Desc Main  |                                   |
|--|----------------------------------|---|---|--|--|--|-----------------------------------|
| Fill in                                      | this informa                     | ation to identify your case:  |   | J  |  |  |                                   |
| Debte  | or 1                             | Seth  |   | Ketchum  |  |  |                                   |
|  |                                  | First Name  | Middle Name   | Last Name  |  |  |                                   |
| Debte<br>(Spot                               |                                  | First Name  | Middle Name   | Last Name  |  |  |                                   |
| Unite  | d States Ba                      | ankruptcy Court for the: No   | orthern   | District of Illinois   |  |  |                                   |
| Case<br>(If kno                              | number                           |   |   | (State)  |  |  |                                   |
| Off  | icial F                          | orm 106D  |   |  |  |  | eck if this is a                  |
| Sc   | hedu                             | le D: Creditor  | s Who Hav   | e Claims Secured   | by Prope   |  | 12/1                              |
| f <b>orm</b><br>1.  <br>                     | On the Do any cre No. Ch Yes. Fi | top of any additional<br>ditors have claims secured<br>neck this box and submit this fo<br>Il in all of the information below | pages, write your<br>by your property?<br>orm to the court with you | ne Additional Page, fill it out, name and case number (if known other schedules. You have nothing else | own).  | es, and attach it t                                    | o this                            |
| Part   |                                  | All Secured Claims  |   |  |  | 0 / 0  | 0.1.0                             |
| C  | claim. If moi                    |   | ticular claim, list the othe  | claim, list the creditor separately for each<br>or creditors in Part 2. As much as<br>ditor's name.    | Amount of claim Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
|  | TIDE FINAL<br>Creditor's Na      | ame   | Describe the property   | that secures the claim:  | \$24,321.00  | \$14,900.00  | \$9,421.00                        |
| <u>.                                    </u> | Number                           | R RD SUITE 1<br>Street  | 72 Automobile As of the date you file                               | e, the claim is: Check all that apply.   |  |  |                                   |
| _  | CHESAPEA                         | AKWirginia 23320 State ZIP Code   | Contingent Unliquidated   |  |  |  |                                   |
|  | Who owes                         | the debt? Check one.  | Disputed  |  |  |  |                                   |
| Ļ  | Debtor                           | •   | Nature of lien. Check   | all that apply.  |  |  |                                   |
| <br>[  | Debtor Debtor                    | 2 only<br>1 and Debtor 2 only   | An agreement you car loan)  | made (such as mortgage or secured  |  |  |                                   |
| Ī  |                                  | one of the debtors and  |   | n as tax lien, mechanic's lien)  |  |  |                                   |
| ſ  | another Check                    | if this claim relates to a  | Judgment lien from  | n a lawsuit  |  |  |                                   |
|  | commu                            | unity debt<br>vas incurred <u>8/1/2015</u>  | Other (including a  |  |  |  |                                   |
|  |                                  |   | Last 4 digits of acco   |  | l  |  |                                   |
|  |                                  | Add the dollar value of you<br>here:  | r entries in Column A   | on this page. Write that number  | \$24,321.00  |  |                                   |

|   | Case 16-21686  | S Doo 1 File   | od 07/05/16 - 5   | Entored O  | 7/0E/16 16:20:   | 00 Doco            | Main             |                    |
|---|--|--|---|--|--|--------------------|------------------|--------------------|
| Fill in this informa  | ation to identify your case  |  | -11 (177():3/1()  | -meren ()  | 703/10 10.29.  | uo Desc            | Maili            |                    |
| Debtor 1  | Seth<br>First Name   | Middle Name  | Ketchum<br>Last Nam   |  | <del>-</del>   |                    |                  |                    |
| Debtor 2<br>(Spouse, if filing)   |  | Middle Name  |   |  | -  |                    |                  |                    |
| United States Ba  | ankruptcy Court for the:   | Northern   | District of Illino  |  | _  |                    |                  |                    |
| Case number   |  |  | (Stat   | :e)  | -  |                    |                  |                    |
| ,   | orm 106E/F   |  |   |  |  | Che                | ck if this is an | amended filing     |
| Schedu  | le E/F: Cre  | ditors Who   | Have Un   | secure   | d Claims   |                    |                  | 12/15              |
| <ol> <li>List A</li> <li>Do any cre         No. Go     </li> <li>Yes.</li> <li>List all of y identify what possible, list Part 1. If more are a consistent of the consistency of the</li></ol> | e left. Attach the Contin All of Your PRIORIT editors have priority unso to Part 2.  your priority unsecured at type of claim it is. If a clast the claims in alphabetica ore than one creditor hold planation of each type of c | Y Unsecured Clains against secured claims against claims. If a creditor has aim has both priority and all order according to the ds a particular claim, list | t you?  more than one priority nonpriority amounts, list creditor's name. If you the other creditors in Pa  | unsecured clai<br>t that claim here<br>have more thar<br>art 3.          | m, list the creditor sepa<br>e and show both priority<br>n two priority unsecure | arately for each c | laim. For eac    | h claim listed,    |
|   |  |  |   |  |  | Total claim        | Priority amount  | Nonpriority amount |
| Priority Cree PO Box 643: Number  Chicago City Who incur Debtor Debtor  | Street    Illinois     State     red the debt? Check one     1 only  | 60664<br>Zip Code<br>e.  | Last 4 digits of accor When was the debt  As of the date you fi Contingent Unliquidated Disputed Type of PRIORITY un Domestic suppor Taxes and certain Claims for death intoxicated | incurred? le, the claim is  nsecured clair t obligations other debts you | n: I owe the government  | \$342.00           | \$342.00         | \$0.00             |

Filed 07k95k116 Entered 07k95k116 (116) 29:08 Desc Main Doc 1 Seth Case 16-21686 Debtor 1 Document Page 24 of 64 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 City of Chicago Department of Revenue \$2,113.00 Last 4 digits of account number Nonpriority Creditor's Name 121 North LaSalle Street When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60602 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Payday loan Is the claim subject to offset? **✓** No Yes 4.2 DEPTEDNELNET \$1,670.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 740283 When was the debt incurred? 2/1/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent 30374 Atlanta Georgia Unliquidated City Zip Code Who incurred the debt? Check one. Disputed **V** Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.3 Ingles Health System \$1,200.00 Last 4 digits of account number Nonpriority Creditor's Name 1 Ingalls Ór When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60426 Illinois Harvey City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only I✓I Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that Debtor 1 and Debtor 2 only you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Medical bills Is the claim subject to offset? Ⅵ No

Yes

Debtor 1 Seth Case 16-21686 Doc 1 Filed 07/Q5/U16 Entered 07/05/016 (1/26):29:08 Desc Main
First Name Documentum Page 25 of 64

| Part 2: Your NONF  | RIORITY Unsecur                                | ed Claims - Cont                 | inuation Page  |             |
|--|--|----------------------------------|--|-------------|
| After listing any e  | entries on this page, no                       | umber them beginnin              | g with 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.4 OPPITY FIN Nonpriority Credite 11 E Adams # 501 Number Stree |  |                                  | Last 4 digits of account number 4422 When was the debt incurred? 1/1/2016 As of the date you file, the claim is: Check all that apply.   | \$864.00    |
| Debtor 1 only Debtor 2 only Debtor 1 and I At least one of       | the debtors and another claim relates to a com | 60603<br>Zip Code<br>munity debt | Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify 9 InstallmentLoan | t           |

Filed 07/405/16 Entered 07/05/16 16:29:08 Desc Main Doc 1

Page 26 of 64

\$5,847.00

6j.

Debtor 1

Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$342.00 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$0.00 6d. Other. Add all other priority unsecured claims. Write that \$0.00 amount here. 6e. Total. Add lines 6a through 6d. \$342.00 **Total claims** \$1,670.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or divorce 6g. that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. 6i. Other. Add all other nonpriority unsecured claims. Write that 6i. amount here.

6j. Total. Add lines 6f through 6i.

|                           | Case 16-2168                  | 6 Doc 1 Filed 0   | 7/05/16 F          | Entered 07/0         | 5/16 16:29:08             | Desc Main         |                                       |
|---------------------------|-------------------------------|---|--------------------|----------------------|---------------------------|-------------------|---------------------------------------|
| Fill in this informa      | ation to identify your case   | 9:  |                    |                      |                           |                   |                                       |
| Debtor 1                  | Seth First Name               | Middle Nesse  | Ketchum            |                      |                           |                   |                                       |
| Debtor 2                  | First Name                    | Middle Name   | Last Nam           | ne                   |                           |                   |                                       |
| (Spouse, if filing)       | First Name                    | Middle Name   | Last Nam           | ne                   |                           |                   |                                       |
| United States Ba          | ankruptcy Court for the:      | Northern  | District of Illino |                      |                           |                   |                                       |
| Case number<br>(If known) |                               |   | (Oldi              |                      |                           |                   |                                       |
| Official F                | orm 106G                      |   |                    |                      | L                         |                   | Check if this is ar<br>amended filing |
| Schedul                   | e G: Execut                   | ory Contracts a   | and Une            | xpired Le            | ases                      |                   | 12/1                                  |
|                           | l, copy the additional p      | ole. If two married people are<br>age, fill it out, number the en |                    |                      |                           |                   |                                       |
| 1. Do you ha              | eve any executory             | contracts or unexpired  | leases?            |                      |                           |                   |                                       |
| No. Ched                  | ck this box and file this for | m with the court with your other                                  | r schedules. You l | have nothing else to | report on this form.      |                   |                                       |
| Yes. Fill i               | n all of the information be   | elow even if the contracts or lea                                 | ses are listed on  | Schedule A/B: Prop   | perty (Official Form 106A | /B).              |                                       |
|                           |                               | npany with whom you have the instructions for this form in the in |                    |                      |                           |                   | nple, rent,                           |
| Person                    | or company with whor          | n you have the contract or le                                     | ase                |                      | State what the contract   | t or lease is for |                                       |
|                           |                               |   |                    |                      |                           |                   |                                       |

|          |                            | Case 16-21686  | S Doc 1 Filed 0   | 7/05/16 Entered (             | 07/05/16 16:29:08                   | Desc Main  |
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| Fill     | in this inform             | ation to identify your case  |   | <u> </u>                      | 0,10 10.20.00                       | Dood Main  |
| De       | btor 1                     | Seth   |   | Ketchum                       |                                     |  |
| _        |                            | First Name   | Middle Name   | Last Name                     |                                     |  |
|          | btor 2<br>ouse, if filing) | First Name   | Middle Name   | Last Name                     | _                                   |  |
| Un       | ited States Ba             | ankruptcy Court for the:   | Northern  | District of Illinois          | _                                   |  |
|          | se number<br>(nown)        |  |   | (State)                       |                                     |  |
| <u> </u> |                            |  |   |                               |                                     | Check if this is a amended filing  |
| Oi       | fficial F                  | orm 106H   |   |                               |                                     | arriorided lilling   |
| Sc       | hedul                      | e H: Your Co   | debtors   |                               |                                     | 12/1:  |
| evei     | ry question.               |  |   | n the top of any Additional P |                                     | ase number (if known). Answer  |
| 2.       | Louisiana, N No. Go Yes. D | levada, New Mexico, Pue<br>o to line 3.<br>id your spouse, former sp | ved in a community proper<br>rto Rico, Texas, Washington, a<br>ouse, or legal equivalent live v | and Wisconsin.)               | unity property states and territori | ies include Arizona, California, Idaho,  |
|          | ☐ Y                        |  | tate or territory did you live?   | Fill in the                   | name and current address of the     | at person.   |
|          |                            | Name of your spouse, for   | rmer spouse, or legal equivale  | ent                           | -                                   |  |
|          |                            | Number Street  |   |                               |                                     |  |
|          |                            | City   | State   | Zip Code                      | -                                   |  |
| 3.       | as a codeb                 | tor only if that person is   | s a guarantor or cosigner. N  | Make sure you have listed the |                                     | the person shown in line 2 again<br>ficial Form 106D), <i>Schedule E/F</i><br>olumn 2. |
|          | Column 1:                  | Your codebtor  |   |                               | Column 2: The creditor to           | whom you owe the debt  |

Check all schedules that apply:

| Fill in th             | nis information to identify                               | vour case:   |                              |                   | <b>5/16 16</b> :      | 29:08                 | Desc                    | Main       |                            |
|------------------------|---|--|------------------------------|-------------------|-----------------------|-----------------------|-------------------------|------------|----------------------------|
|                        |   | Docui  | nem rage                     | , 23 OI           | <del>0 -</del> 1      |                       |                         |            |                            |
| Debtor 1               | Seth  |  | Ketchum                      |                   | _                     |                       |                         |            |                            |
|                        | First Name  | Middle Name  | Last Name                    |                   |                       | Check if this         | s is:                   |            |                            |
| Debtor 2               | if filing) First Name                                     | Middle Nome  | Loot Name                    |                   | -                     | ☐ An ame              | ended filing            |            |                            |
| (Opouse, i             | " '''''9/ Filst Name                                      | Middle Name  | Last Name                    |                   |                       | =                     | ŭ                       |            | 4atitia alaa               |
| United Sta             | ates Bankruptcy Court for the:                            | Northern   | District of Illinois (State) |                   | -                     |                       | ement shownes as of the |            | t-petition chap<br>g date: |
| Case num<br>(If known) | nber  |  |                              |                   | -                     | MM / D                | D/YYYY                  |            |                            |
| Offici                 | al Form 106I  |  |                              |                   |                       |                       |                         |            |                            |
| 3che                   | dule I: Your Inc  | ome  |                              |                   |                       |                       |                         |            |                            |
|                        | write your name and ca<br>■                               | e. If more space is neede<br>se number (if known). An          | nswer every qu               |                   | ieet to tills it      |                       |                         | ally       | auditional                 |
| 1.                     | Fill in your employment information.                      |  | Debtor 1                     |                   |                       | Debtor 2              | 2                       |            |                            |
|                        | If you have more than one                                 | Employment status  | ✓ Employed                   |                   |                       | Emplo                 | yed                     |            |                            |
|                        | If you have more than one job,                            |  | Not Employed                 |                   |                       | Not Er                | mployed                 |            |                            |
|                        | attach a separate page with information about additional  | Occupation   | Machine Operator             |                   |                       | _                     |                         |            |                            |
|                        |   | Occupation   | iviaci ii ie Operator        |                   |                       | _                     |                         |            |                            |
|                        | employers.  | Employer's name  | Griffith Laboratorie         | es                |                       |                       |                         |            |                            |
|                        | Include part time, seasonal,                              | Employer's address   | 1 W Griffith Ctr.            |                   |                       |                       |                         |            |                            |
|                        | or<br>self-employed work.                                 |  | Number Street                |                   |                       | Number Street         |                         |            |                            |
|                        | Occupation may include student                            |  |                              |                   |                       |                       |                         |            |                            |
|                        | or homemaker, if it applies.                              |  | Alete                        |                   | 00000                 |                       |                         |            |                            |
|                        |   |  |                              | Illinois<br>State | Zip Code              | City                  |                         | State      | Zip Code                   |
|                        |   |  | 10 years 6 months            | State             | Zip Code              | - 7                   |                         |            | ,                          |
|                        |   | How long employed there?                                       | 10 years o monus             |                   |                       |                       |                         | _          |                            |
| Dart 2                 | Give Details About  | Monthly Income   |                              |                   |                       |                       |                         |            |                            |
| rait Z.                | Give Details About I                                      | ——————————————————————————————————————                         |                              |                   |                       |                       |                         |            |                            |
| Estimate are sepa      |   | date you file this form. If you ha                             | ave nothing to report        | for any line      | e, write \$0 in the s | pace. Includ          | le your non-            | filing spo | ouse unless y              |
| ~. J JUDO              |   | re than one employer, combine th                               | ne information for all       | employers         | for that person on    | the lines be          | low. If you r           | need mo    | re space, atta             |
| If you or              | your non-filing spouse have mo<br>ate sheet to this form. |  |                              |                   |                       |                       |                         |            |                            |
| If you or              |   |  |                              | For               | Debtor 1              | For Debt<br>non-filin | or 2 or<br>g spouse     |            |                            |
| If you or a separa     | ate sheet to this form.                                   | y, and commissions (before all culate what the monthly wage wo |                              | For               | \$4,024.06            |                       |                         |            |                            |
| If you or a separa     | ate sheet to this form.                                   | culate what the monthly wage wo                                |                              | For               |                       |                       |                         | _          |                            |

| Debtor 1 Seth Case 16-21686 Doc 1 Filed 07/05/16 First Name Middle Name Documentame  |             | e <u>red</u> @7405/16614<br>30 of 64 | 6:29: <u>08 Desc</u>                  | <u>Mair</u> | 1                       |
|--|-------------|--------------------------------------|---------------------------------------|-------------|-------------------------|
| 2 oddo.ix  | . ago       | For Debtor 1                         | For Debtor 2 or non-filing spouse     |             |                         |
| Copy line 4 here   | 4.          | \$4,024.06                           |                                       |             |                         |
| → 5. List all payroll deductions:  |             |                                      |                                       |             |                         |
| 5a. Tax, Medicare, and Social Security deductions  | 5a.         | \$542.84                             |                                       |             |                         |
| 5b. Mandatory contributions for retirement plans   | 5b.         | \$0.00                               |                                       |             |                         |
| 5c. Voluntary contributions for retirement plans   | 5c.         | \$241.45                             |                                       |             |                         |
| 5d. Required repayments of retirement fund loans   | 5d.         | \$0.00                               |                                       |             |                         |
| 5e. Insurance  | 5e.         | \$214.37                             |                                       |             |                         |
| 5f. Domestic support obligations   | 5f.         | \$0.00                               |                                       |             |                         |
| 5g. Union dues   | 5g.         | \$0.00                               |                                       |             |                         |
| 5h. Other deductions. Specify: Dental and Vision   | 5h. +       | \$43.33 +                            |                                       |             |                         |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .   | 6.          | \$1,041.99                           |                                       |             |                         |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$2,982.07                           |                                       |             |                         |
| 8. List all other income regularly received:   |             |                                      |                                       |             |                         |
| 8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross  |             |                                      |                                       |             |                         |
| receipts, ordinary and necessary business expenses, and the total  | 0-          | Ф0.00                                |                                       |             |                         |
| monthly net income.  | 8a.<br>8b.  | \$0.00                               |                                       |             |                         |
| 8b. Interest and dividends   | OD.         | \$0.00                               |                                       |             |                         |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  |             |                                      |                                       |             |                         |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.         | \$0.00                               |                                       |             |                         |
| 8d. Unemployment compensation  | 8d.         | \$0.00                               |                                       |             |                         |
| 8e. Social Security  | 8e.         | \$0.00                               |                                       |             |                         |
| 8f. Other government assistance that you regularly receive   |             |                                      |                                       |             |                         |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: | 8f.         | \$0.00                               |                                       |             |                         |
| 8g. Pension or retirement income   | 8g.         | \$0.00                               |                                       |             |                         |
| 8h. Other monthly income. Specify:   | 8h. +       | \$0.00 +                             | · · · · · · · · · · · · · · · · · · · |             |                         |
| 9. <b>Add all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.          | \$0.00                               |                                       | ]           |                         |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse  | 10.         | \$2,982.07                           |                                       | = [         | \$2,982.07              |
| 11. State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, your   |             | nts, your roommates, and             | other friends or                      |             |                         |
| relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not  | available : | to pav expenses listed in S          | Schedule J.                           |             |                         |
| Specify:   |             |                                      |                                       | 11. +       | \$0.00                  |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The   | result is t | he combined monthly inco             | ome.                                  | 12.         |                         |
| Write that amount on the Summary of Schedules and Statistical Summary of Certa   |             |                                      |                                       |             | \$2,982.07              |
|  |             |                                      |                                       |             | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this for  | m?          |                                      |                                       |             |                         |
| <b>✓</b> No  |             |                                      |                                       |             |                         |
| Yes. Explain:  |             |                                      |                                       |             |                         |

| Fill in this info        | Case 16-2168  |  | 7/05/16 Entered 07/0   | 5/16 16:29:08     | Desc Mai             | n            |
|--------------------------|---|--|--|-------------------|----------------------|--------------|
| FIII IN THIS INTO        | ormation to identify your cas                         | se:  | J  |                   |                      |              |
| Debtor 1                 | Seth  |  | Ketchum  |                   |                      |              |
|                          | First Name  | Middle Name                                      | Last Name  | Object Militaria  |                      |              |
| Debtor 2 (Spouse, if fil | ling) First Name                                      | Middle Name                                      | Last Name  | Check if this is: |                      |              |
| (-1                      | 37 I listivanie                                       | Middle Name                                      | Lastivanio   | An amended filing |                      |              |
| United States            | s Bankruptcy Court for the:                           | Northern   | District of Illinois   | A supplement sho  | •                    | •            |
| Case numbe               | r   |  | (State)  | expenses as of th | e ioliowing date.    | •            |
| (If known)               |   |  |  | MM / DD / YYYY    |                      |              |
| O((, - , - )             | L <b>C</b> 400 L                                      |  |  |                   |                      |              |
| <u> Jiticiai</u>         | Form 106J   |  |  |                   |                      |              |
| Schedi                   | ule J: Your Ex  | penses   |  |                   |                      | 12/15        |
|                          |   |  |  |                   |                      |              |
| nformation.              |   |  | e filing together, both are equally re<br>form. On the top of any additional |                   |                      | nber         |
|                          | escribe Your Househ                                   | old  |  |                   |                      |              |
| 1. Is this a jo          |   | Olu  |  |                   |                      |              |
| _ `                      |   |  |  |                   |                      |              |
| <b>✓</b> No. (           | Go to line 2  |  |  |                   |                      |              |
| Yes.                     | Does Debtor 2 live in a se                            | eparate household?                               |  |                   |                      |              |
|                          | ☐ No  |  |  |                   |                      |              |
|                          | =   | Official Forms 106 L2 Evenon                     | ood for Congrete Household of Dobtos   | . 2               |                      |              |
|                          |   |  | ses for Separate Household of Debtor   | Z.                |                      |              |
| •                        | • =   | No   |  |                   |                      |              |
| Do not list<br>Debtor 2. |   | es. Fill out this information for each dependent | Dependent's relationship to<br>Debtor 1 or Debtor 2                          | Dependent's age   | Does deper with you? | ndent live   |
| 3. Do your e             | expenses include                                      |  |  |                   | -                    |              |
| •                        |   | No   |  |                   |                      |              |
| than                     | and your  | 'es  |  |                   |                      |              |
| yourself a<br>depender   | •   |  |  |                   |                      |              |
|                          |   |  |  |                   |                      |              |
| Part 2: Es               | timate Your Ongoing                                   | Monthly Expenses                                 |  |                   |                      |              |
|                          | s of a date after the bank                            |  | you are using this form as a supple<br>plemental Schedule J, check the b     |                   |                      | <b>:</b>     |
| Include eve              | onege naid for with non-                              | cash government assistance                       | if you know the value of   |                   |                      |              |
|                          |   | t on Schedule I: Your Income                     |  |                   | Y                    | our expenses |
|                          | al or home ownership exp<br>for the ground or lot. 4. | penses for your residence. Ind                   | clude first mortgage payments and  |                   | 4.                   | \$530.00     |
| If not in                | cluded in line 4:                                     |  |  |                   |                      |              |
| 4a. Real                 | estate taxes  |  |  |                   | 4a                   | \$0.00       |
| 4b. Prop                 | perty, homeowner's, or rente                          | r's insurance                                    |  |                   | 4b.                  | \$0.00       |
| 4c. Hom                  | ie maintenance, repair, and u                         | ıpkeep expenses                                  |  |                   | 4c.                  | \$0.00       |
|                          | -1 -1 -1 -1   |  |  |                   | ┯₀.                  | ψ0.00        |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Filed 07k95k1k6 Entered 07k95k1k6 1k6k29:08 Desc Main Document Page 32 of 64

| Document Page 32 of 04  |     |               |
|---|-----|---------------|
|   |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5.  | \$0.00        |
| 6. Utilities:   |     |               |
| 6a. Electricity, heat, natural gas  | 6a. | \$200.00      |
| 6b. Water, sewer, garbage collection  | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. | \$160.00      |
| 6d. Other. Specify:   | 6d  | \$0.00        |
| 7. Food and housekeeping supplies   | 7.  | \$375.00      |
| 8. Childcare and children's education costs   | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning  | 9.  | \$150.00      |
| 10. Personal care products and services   | 10. | \$150.00      |
| 11. Medical and dental expenses   | 11. | \$0.00        |
| <ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments</li> </ol> | 12. | \$200.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13. | \$0.00        |
| 14. Charitable contributions and religious donations  | 14. | \$0.00        |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.                          |     |               |
| 15a. Life insurance   | 15a | \$0.00        |
| 15b. Health insurance   | 15b | \$0.00        |
| 15c. Vehicle insurance  | 15c | \$275.00      |
| 15d. Other insurance. Specify:  | 15d | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.                           |     |               |
| Specify:  | 16  | \$0.00        |
| 17. Installment or lease payments:  | 10  |               |
| 17a. Car payments for Vehicle 1   | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2   | 17b | \$0.00        |
| 17c. Other. Specify:  | 17c | \$0.00        |
| 17d. Other. Specify:  | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from                       | 174 | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18. |               |
| 19.Other payments you make to support others who do not live with you.  |     |               |
| Specify:  | 19. | \$0.00        |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.              |     |               |
| 20a. Mortgages on other property  | 20a | \$0.00        |
| 20b. Real estate taxes.   | 20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance   | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.  | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues  | 20e | \$0.00        |

| Debtor 1          |            | Case 16-21686                 | Doc 1            | Filed 07/05/16                | Entered @7405/116/116  | ₩29: <u>08 Desc Ma</u> | ain        |
|-------------------|------------|-------------------------------|------------------|-------------------------------|------------------------|------------------------|------------|
|                   | First Na   | me                            | Middle Name      | Documetnit <sup>me</sup>      | Page 33 of 64          |                        |            |
| 21.Other          | . Specify  | /:                            |                  |                               | -                      | 21                     | \$0.00     |
|                   |            |                               |                  |                               |                        |                        |            |
| 22. Calcu         | ılate yo   | ur monthly expenses.          |                  |                               |                        |                        | \$2,040.00 |
| 22a. A            | Add lines  | s 4 through 21.               |                  |                               |                        |                        | \$0.00     |
| 22b. C            | Copy line  | e 22 (monthly expenses for    | Debtor 2), if ar | ny, from Official Form 106J   | -2                     |                        | \$2,040.00 |
| 22c. A            | Add line 2 | 22a and 22b. The result is y  | our monthly ex   | xpenses.                      |                        | 22.                    |            |
| 23. Calcu         | late you   | ur monthly net income.        |                  |                               |                        |                        |            |
| 23a. C            | Copy line  | e 12 (your combined month     | ly income) fron  | n Schedule I.                 |                        | 23a                    | \$2,982.07 |
| 23b. C            | Сору уоц   | ır monthly expenses from lir  | ne 22 above.     |                               |                        | 23b                    | \$2,040.00 |
|                   |            | your monthly expenses fror    |                  | income.                       |                        |                        | \$942.07   |
| •                 | The resu   | ult is your monthly net incor | me.              |                               |                        | 23c                    |            |
| 24. <b>Do y</b> o | ou expe    | ect an increase or decrea     | se in your exp   | penses within the year af     | er you file this form? |                        |            |
| For e             | example    | do you expect to finish pay   | vina for vour ca | ır loan within the year or do | vou expect vour        |                        |            |
|                   |            |                               | , ,              | of a modification to the term |                        |                        |            |
|                   | No         |                               |                  |                               |                        |                        |            |
|                   | res        |                               |                  |                               |                        |                        |            |
| <b>\_</b>         | <br>       |                               |                  |                               |                        |                        |            |
|                   |            | Explain here:                 |                  | and a second CPC and          |                        |                        |            |
|                   |            | Debtor lives with family      | and contribute   | s the rent/utilities.         |                        |                        |            |
|                   |            |                               |                  |                               |                        |                        |            |
|                   |            |                               |                  |                               |                        |                        |            |
|                   |            |                               |                  |                               |                        |                        |            |
|                   |            |                               |                  |                               |                        |                        |            |

| Fill in this infor                | Case 16-21686                 |                             |                              |                                 |  |
|-----------------------------------|-------------------------------|-----------------------------|------------------------------|---------------------------------|--|
|                                   | mation to identify your case: | Doc 1 Filed 0               | //U5/16 Entered              | 1.07/05/16 16:29:08             | B Desc Main                            |
| Debtor 1                          | Seth                          |                             | Ketchum                      |                                 |  |
|                                   | First Name                    | Middle Name                 | Last Name                    |                                 |  |
| Debtor 2<br>(Spouse, if filing    | g) First Name                 | Middle Name                 | Last Name                    | <del></del>                     |  |
| United States I                   | Bankruptcy Court for the:     | Northern                    | District of Illinois (State) |                                 |  |
| Case number (If known)            |                               |                             | (State)                      |                                 |  |
| Official                          | Form 106Dec                   | <u> </u>                    |                              |                                 | Check if this is a amended filing      |
| Declara                           | tion About an                 | Individual De               | btor's Schedւ                | ules                            | 12/1                                   |
| property by fra<br>1519, and 3571 |                               | ankruptcy case can result i | n fines up to \$250,000, or  | imprisonment for up to 20 y     | ears, or both. 18 U.S.C. §§ 152, 1341, |
| Part 1: Sign                      |                               | one who is NOT an attorney  | to help you fill out bankru  | uptcy forms?                    |  |
|                                   |                               | one who is NOT an attorney  | to help you fill out bankru  | uptcy forms?                    |  |
| Did you p                         |                               | one who is NOT an attorney  |                              | Petition Preparer's Notice, Dec |  |

|                                       | ase 16-21686<br>in to identify your case   |  | Filed 07/05/16   | Entered 07   | <u>/0</u> 5/16 16:29:08 | B Desc Main                       |
|---------------------------------------|--|--|--|--|-------------------------|-----------------------------------|
| r1 Se                                 | eth  |  | Ketchum  | 1  |                         |                                   |
|                                       | rst Name   | Middle N   | Name Last Nan  | ne   |                         |                                   |
| ·                                     | rst Name   | Middle N   | Name Last Nan  | ne   |                         |                                   |
| States Bankr                          | ruptcy Court for the:  | Northern   | District of Illing   | ois  |                         |                                   |
|                                       | .,.,   |  |  |  |                         |                                   |
|                                       |  |  |  |  |                         |                                   |
| cial Fo                               | rm 107   |  |  |  |                         | Check if this is a amended filing |
| ement                                 | of Financi   | al Affairs   | for Individua  | ls Filing  | for Bankrup             | itcy 12/1                         |
|                                       |  |  |  |  |                         |                                   |
| Give De                               | tails About Your   | Marital Status   | and Where You Live   | ed Before  |                         |                                   |
| What is you                           | ır current marital sta   | tus?   |  |  |                         |                                   |
|                                       |  |  |  |  |                         |                                   |
| During the la                         | ast 3 years, have you  | ı lived anywhere o   | other than where you live I  | now?   |                         |                                   |
| ✓ No Yes. List                        | all of the places you li   | ved in the last 3 yea  | ars. Do not include where yo   | u live now.  |                         |                                   |
| Debtor '                              | 1:   |  | Dates Debtor 1 lived there   | Debtor 2:  |                         | Dates Debtor 2 lived there        |
|                                       |  |  |  | Same as  | Debtor 1                | Same as Debtor 1                  |
| Number                                | Street   |  | From   | Number Stre  | et                      | From                              |
|                                       |  |  | _ To   |  |                         | To                                |
| City                                  | State  | Zip Code   | _  | City   | State Zip               | Code                              |
|                                       |  |  |  | Same as  | Debtor 1                | Same as Debtor 1                  |
|                                       |  |  | _  |  |                         |                                   |
| Number                                | Street   |  | From   | Number Stre  | et                      | From                              |
| Number                                | Street   |  | - From   | Number Stre  | et                      | From  To                          |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | File 12 se, if filing) File 13 states Bankin number with a complete and is needed, at the com | First Name  r 2 se, if filing) First Name  I States Bankruptcy Court for the:  number  number  cial Form 107  tement of Financi complete and accurate as possible is needed, attach a separate sheet is needed, attach a separate sheet Give Details About Your  What is your current marital sta  Married Not married  During the last 3 years, have you  No  Yes. List all of the places you live  Debtor 1: | First Name Middle Northern  States Bankruptcy Court for the: Northern  Cial Form 107  Cement of Financial Affairs  Complete and accurate as possible. If two married is needed, attach a separate sheet to this form. On the second of the secon | First Name Middle Name Last Name    States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the:   Northern   District of Illing (States Bankruptcy Court for the Illing (States Bankrup | First Name              | First Name                        |

<u>Filed 07/Q5/11-6</u> <u>Entered 07/Q5/11-6 /12-6</u>:29:<u>08</u> <u>Desc Main</u> Documenter Page 36 of 64 Debtor 1 Seth Case 16-21686 First Name Doc 1 Part 2: Explain the Sources of Your Income

| 4. | Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  Yes. Fill in the details.   |  |  |  |   |  |  |  |  |
|----|---|--|--|--|---|--|--|--|--|
|    |   | Debtor 1   |  | Debtor 2   |   |  |  |  |  |
|    |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)                     |  |  |  |  |
|    | From January 1 of current year until the date you filed for bankruptcy:   | Wages, commissions, bonuses, tips Operating a business                               | \$17711.42   | Wages, commissions, bonuses, tips Operating a business |   |  |  |  |  |
|    | For last calendar year: (January 1 to December 31, 2015)  YYYY  | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> | \$46152.59   | Wages, commissions, bonuses, tips Operating a business |   |  |  |  |  |
|    | For the calendar year before that: (January 1 to December 31, 2014 )  YYYYY   | Wages, commissions, bonuses, tips Operating a business                               | \$30000.00   | Wages, commissions, bonuses, tips Operating a business |   |  |  |  |  |
|    | <ul> <li>Did you receive any other income during this year or the two previous calendar years?</li> <li>Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other pub benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a join and you have income that you received together, list it only once under Debtor 1.</li> <li>List each source and the gross income from each source separately. Do not include income that you listed in line 4.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |  |  |   |  |  |  |  |
|    |   | Debtor 1   |  | Debtor 2   |   |  |  |  |  |
|    |   | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                   | Gross income from<br>each source<br>(before deductions and<br>exclusions) |  |  |  |  |
|    | From January 1 of current year until the date you filed for bankruptcy:   |  |  |  |   |  |  |  |  |
|    | For last calendar year: (January 1 to December 31,  |  |  |  |   |  |  |  |  |
|    | For the calendar year before that: (January 1 to December 31,   |  |  |  |   |  |  |  |  |
|    |   |  |  |  |   |  |  |  |  |

Debtor 1 Seth Case 16-21686 Doc 1 Filed 07kQ5kl16 Entered 07kQ5kl16 (1/46)29:08 Desc Main Document Page 37 of 64

| Part 3:  | List C          | ertain Pa     | ayments Y         | ou Made Before          | You Filed for Bar          | nkruptcy  |                             |                                |
|----------|-----------------|---------------|-------------------|-------------------------|----------------------------|---|-----------------------------|--------------------------------|
| 6. Are   | e either De     | ebtor 1's o   | r Debtor 2's      | debts primarily con     | sumer debts?               |   |                             |                                |
|          | 4               |               |                   | tor 2 has primarily o   | consumer debts. Cons       | sumer debts are defined in 11   | U.S.C. § 101(8) as "incurre | d by an individual primarily   |
|          | Dur             | ing the 90 d  | days before y     | ou filed for bankruptcy | , did you pay any credito  | or a total of \$6,425* or more?   |                             |                                |
|          |                 | No. Go to     | line 7.           |                         |                            |   |                             |                                |
|          |                 | tota          | l amount you      | paid that creditor. Do  | not include payments for   | more in one or more payment<br>or domestic support obligation<br>attorney for this bankruptcy c | s, such as                  |                                |
|          | * Sı            | ubject to adj | justment on 4     | /01/19 and every 3 ye   | ars after that for cases f | iled on or after the date of adju   | ıstment.                    |                                |
| <b>✓</b> | Yes. <b>Del</b> | otor 1 or D   | ebtor 2 or b      | oth have primarily o    | consumer debts.            |   |                             |                                |
|          | Dur             | ing the 90 d  | days before y     | ou filed for bankruptcy | , did you pay any credito  | or a total of \$600 or more?  |                             |                                |
|          | V               | No. Go to     | line 7.           |                         |                            |   |                             |                                |
|          |                 | that          | creditor. Do      | not include payments    |                            | ore and the total amount you p<br>bligations, such as child supp                                |                             |                                |
|          |                 | a             | 1011y. 7 1100, do | not inolado paymonto    | ·                          |   | A see at a sell a           | March to a second for          |
|          |                 |               |                   |                         | Dates of payment           | Total amount paid   | Amount you still owe        | Was this payment for  Mortgage |
|          | Credito         | r's Name      |                   |                         |                            |   |                             | Car                            |
|          | Number          | Street        |                   |                         |                            |   |                             | Credit card                    |
|          |                 |               |                   |                         |                            |   |                             | Loan repayment                 |
|          | City            |               | State             | Zip Code                |                            |   |                             | Suppliers or vendors           |
|          | City            |               | State             | Zip Code                |                            |   |                             | Other                          |
|          | Credito         | r's Name      |                   |                         |                            | _   |                             | Mortgage                       |
|          | Number          | r Street      |                   |                         |                            |   |                             | Car Credit card                |
|          |                 | <b>3</b> 331  |                   |                         |                            |   |                             | Loan repayment                 |
|          |                 |               |                   |                         |                            |   |                             | Suppliers or                   |
|          | City            |               | State             | Zip Code                |                            |   |                             | vendors Other                  |
|          |                 |               |                   |                         |                            |   |                             | - Mortgage                     |
|          | Credito         | r's Name      |                   |                         |                            |   |                             | Car                            |
|          | Number          | Street        |                   |                         |                            |   |                             | Credit card                    |
|          |                 |               |                   |                         |                            |   |                             | Loan repayment                 |
|          | 0::             |               | Ot-t-             | 7:- 0 : 1 :             |                            |   |                             | Suppliers or vendors           |
|          | City            |               | State             | Zip Code                |                            |   |                             | Other                          |

Doc 1 Filed 07kQ5k16 Entered 07k05k16 16k329:08 Desc Main Debtor 1 Document Page 38 of 64 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 Seth Case 16-21686 Doc 1 Filed 07/05/16 Entered 07/05/16 (16:29:08 Desc Main

Document Page 39 of 64 Identify Legal Actions, Repossessions, and Foreclosures Part 4: 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number Concluded Number Street City State Zip Code Case title Pending Court Name On appeal Case number Concluded Number Street City Zip Code State Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Date Value of the Describe the property property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. Citv State Zip Code Date Value of the Describe the property property

Creditor's Name

Street

State

Zip Code

Number

City

Explain what happened

Property was repossessed. Property was foreclosed. Property was garnished.

Property was attached, seized, or levied.

| Deb  | tor 1    | Seth         Case 16-21686         Doc 1         File (           First Name         Middle Name         Do | <u>d 07k95k1k6 Entered</u> @7k95k1k6 <i>i</i> 1k6i229:<br>cumeint <sup>ee</sup> Page 40 of 64 | :08 Desc                 | Main                    |
|------|----------|---|---|--------------------------|-------------------------|
| 11.  |          | nin 90 days before you filed for bankruptcy, did any obunts or refuse to make a payment because you owe     | creditor, including a bank or financial institution, set of d a debt?                         | ff any amounts fr        | om your                 |
|      | Ħ        | Yes. Fill in the details.   |   |                          |                         |
|      |          |   | Describe the action the creditor took   | Date action was taken    | Amount                  |
|      |          | Creditor's Name   |   |                          |                         |
|      |          | Number Street   |   |                          |                         |
|      |          |   | Last 4 digits of account number: XXXX-  |                          |                         |
|      |          | City State Zip Code   |   |                          |                         |
| 12.  |          | nin 1 year before you filed for bankruptcy, was any of<br>iver, a custodian, or another official?           | your property in the possession of an assignee for the  | e benefit of credi       | tors, a court-appointed |
|      | <u>✓</u> | No  |   |                          |                         |
|      |          | Yes   |   |                          |                         |
| Part | 5:       | List Certain Gifts and Contributions  |   |                          |                         |
| 13.  | Wi       | thin 2 years before you filed for bankruptcy, did you   | give any gifts with a total value of more than \$600 per                                      | person?                  |                         |
|      | <b>✓</b> | No  |   |                          |                         |
|      |          | Yes. Fill in the details for each gift.   |   |                          |                         |
|      |          | Gifts with a total value of more than \$600 per person  | Describe the gifts  | Dates you gave the gifts | Value                   |
|      |          | Person to Whom You Gave the Gift  |   |                          |                         |
|      |          |   |   |                          |                         |
|      |          | Number Street   |   |                          |                         |
|      |          | City State Zip Code   |   |                          |                         |
|      |          | Person's relationship to you  |   |                          |                         |
|      |          | Person to Whom You Gave the Gift  |   |                          |                         |
|      |          | Number Street   |   |                          |                         |
|      |          | City State Zip Code   |   |                          |                         |
|      |          | Person's relationship to you  |   |                          |                         |
|      |          |   |   |                          |                         |

|             |          | FIRST Name                                 | ivildale          | e Name Do                               | ocument Page 41 of 64   |                                   |                        |
|-------------|----------|--|-------------------|---|---|-----------------------------------|------------------------|
| 14.         | With     | nin 2 years before you                     | u filed for bank  |   | give any gifts or contributions with a total value of mor   | re than \$600 to an               | y charity?             |
|             | <b>✓</b> | No<br>Yes. Fill in the details f           | or each gift or c | ontribution.                            |   |                                   |                        |
|             | _        | Gifts with a total value per person        | _                 |   | Describe the gifts  | Dates you gave the gifts          | Value                  |
|             |          | Charity's Name                             |                   |   |   |                                   |                        |
|             |          |  |                   |   |   |                                   |                        |
|             |          | Number Street                              |                   |   |   |                                   |                        |
| Davi        | . C. I   | •  | State             | Zip Code                                |   |                                   |                        |
| Pari<br>15. |          | List Certain Loss                          |                   | ptcv or since vo                        | ou filed for bankruptcy, did you lose anything because  | of theft, fire, othe              | r disaster. or         |
|             | gam      | bling?                                     |                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,   | <b>,</b> ,                        |                        |
|             |          | No<br>Yes. Fill in the details.            |                   |   |   |                                   |                        |
|             |          | Describe the propert how the loss occurred |                   |   | Describe any insurance coverage for the loss  Include the amount that insurance has paid. List pending              | Date of your loss                 | Value of property lost |
|             |          |  |                   |   | insurance claims on line 33 of Schedule A/B: Property.  |                                   |                        |
|             |          |  |                   |   |   |                                   |                        |
| Part        |          | List Certain Paym                          |                   |   |   |                                   |                        |
| 16.         | seek     | ing bankruptcy or pre                      | eparing a bank    | ruptcy petition?                        | anyone else acting on your behalf pay or transfer any counseling agencies for services required in your bankrupton. |                                   | ne you consulted about |
|             | _        | No   |                   |   |   | -,-                               |                        |
|             | <b>✓</b> | Yes. Fill in the details.                  |                   |   |   |                                   |                        |
|             |          |  |                   |   | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment      |
|             |          | Semrad Law Firm                            |                   |   | Attorney's Fee - 350.00   | 6/28/2016                         | \$350.00               |
|             |          | Person Who Was Paid                        | İ                 |   | , monte, e., ee eee.ee  | <u>6/26/2010</u>                  | φοσοίσο                |
|             |          | 20 South Clark Street                      | 28th Floor        |   |   |                                   |                        |
|             |          | Number Street                              |                   |   |   |                                   |                        |
|             |          | Chicago I                                  | Illinois          | 60606                                   |   |                                   |                        |
|             |          | City                                       | State             | Zip Code                                |   |                                   |                        |
|             |          | Email or website addre                     |                   |   |   |                                   |                        |
|             |          | Person Who Made the                        | Payment, if Not   | You                                     |   | <u> </u><br>                      |                        |
|             |          | Person Who Was Paid                        | I                 |   |   |                                   |                        |
|             |          | Number Street                              |                   |   |   |                                   |                        |
|             |          | City                                       | State             | Zip Code                                |   |                                   |                        |
|             |          | Email or website addre                     | ess               |   |   |                                   |                        |
|             |          | Person Who Made the                        | Payment, if Not   | You                                     |   |                                   |                        |
|             |          |  |                   |   |   |                                   |                        |

Debtor 1 Seth Case 16-21686 Doc 1 Filed 07/405/116 Entered 07/405/116 (11/16):29:08 Desc Main

| course of your business or financial af  | lid you sell, trade, or otherwise transfer a  | ny property to anyone  | or transfer<br>was made  |  |  |
|--|---|--|--|--|--|
| y State Zip Code of course of your business or financial after both outright transfers and transfers made at   | lid you sell, trade, or otherwise transfer a  | ny property to anyone  |  |  |  |
| y State Zip Coo<br>2 years before you filed for bankruptcy, or<br>or course of your business or financial after the poth outright transfers and transfers made a | lid you sell, trade, or otherwise transfer a  | ny property to anyone  |  |  |  |
| 2 years before you filed for bankruptcy, or course of your business or financial af both outright transfers and transfers made a                                 | lid you sell, trade, or otherwise transfer a  | ny property to anyone  |  |  |  |
| 2 years before you filed for bankruptcy, or course of your business or financial af both outright transfers and transfers made a                                 | lid you sell, trade, or otherwise transfer a  | ny property to anyone  | 7  |  |  |
| . Fill in the details.   | nt.   | interest or mortgage on  |  | •  |  |
| . Fill in the details.   | Description and value of any  | Describe any   | property or paymo  | ents Dat   | e transf   |
|  | property transferred  |  |  |  | made   |
| rson Who Received Transfer   |   |  |  | -  |  |
| mber Street  |   |  |  |  |  |
| y State Zip Corrson's relationship to you  | de  |  |  |  |  |
| rson Who Received Transfer   |   |  |  | _  |  |
| mber Street  |   |  |  |  |  |
|  | de  |  |  |  |  |
|  | did you transfer any property to a self-se  | ttled trust or similar de  | evice of which you   | u are a benef  | iciary?  |
| . Fill in the details.   |   |  |  |  |  |
|  | Description and value of the p  | roperty transferred  |  |  | e transi   |
|  |   |  |  | was  | mad  |
| יר   | State Zip Coorson's relationship to you  son Who Received Transfer  mber Street  State Zip Coorson's relationship to you  O years before you filed for bankruptcy, re often called asset-protection devices.) | son Who Received Transfer  Therefore Street  The | son Who Received Transfer  mber Street  State Zip Code son's relationship to you  son Who Received Transfer  mber Street  To State Zip Code son's relationship to you  State Zip Code son's relationship to you  O years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar dere often called asset-protection devices.)  Fill in the details.  Description and value of the property transferred | property transferred received or debts paid in exchange received or debts paid in exchange received Transfer received or debts paid in exchange received Transfer received or debts paid in exchange received or debts paid in exchange received Transfer received or debts paid in exchange received received received or debts paid in exchange received rece | son Who Received Transfer  mber Street  State Zip Code son's relationship to you  son Who Received Transfer  mber Street  Street  Street  Street  Street  Street  Description and value of the property transferred  Dat was |

Filed 07/495/116 Entered 07/405/116 (11.6):29:08 Desc Main

Filed 07/Q5/11-6 Entered 07/Q5/11-6/126:29:08 Desc Main Document Page 43 of 64 Debtor 1 Seth Case 16-21686 First Name Doc 1

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

| 20. | or tra | in 1 year before you filed for ba<br>ansferred?<br>de checking, savings, money mark<br>eratives, associations, and other fi | et, or other financ | ial accounts   |  |                 |  |   |   |
|-----|--------|---|---------------------|----------------|--|-----------------|--|---|---|
|     |        | No<br>Yes. Fill in the details.   |                     |                |  |                 |  |   |   |
|     |        |   |                     | Last 4<br>numb | digits of account digits of account  | Type of instrum | account or<br>eent                             | Date account<br>was closed,<br>sold, moved,<br>or transferred | Last balance<br>before closing<br>or transfer |
|     |        | Person Who Was Paid   |                     | — xxxx         | -  |                 | ecking<br>rings                                |   |   |
|     |        | Number Street   |                     |                |  |                 | ney market<br>kerage<br>er                     |   |   |
|     |        | City State  | Zip Code            |                |  |                 |  |   |   |
|     |        | Person Who Was Paid   |                     | — XXXX         | -  |                 | ecking<br>rings                                |   |   |
|     |        | Number Street   |                     | _              |  |                 | ney market<br>kerage                           |   |   |
|     |        | City State  | Zip Code            | <u> </u>       |  |                 | ы  |   |   |
| :1. | valua  | ou now have, or did you have wables?<br>No<br>Yes. Fill in the details.   | ithin 1 year befo   |                | d for bankruptcy, and the description of the descri | ny safe deposi  | t box or other deposito  Describe the contents |   | cash, or other  Do you still have it?         |
|     |        | Name of Financial Institution   |                     | Name           |  |                 |  |   | □ No  |
|     |        | Number Street   |                     | Number         | Street   |                 |  |   | Yes   |
|     |        | City State  | Zip Code            | City           | State  | Zip Code        |  |   |   |
| 2.  | Have   | you stored property in a storag   | •                   | other than     | your home within 1   | l year before y | ou filed for bankruptcy                        | ?   | 1   |
|     |        | No<br>Yes. Fill in the details.   |                     |                |  |                 |  |   |   |
|     |        |   |                     | Who else       | had access to it?  |                 | Describe the contents                          | s   | Do you still have it?                         |
|     |        | Name of Storage Facility  |                     | Name           |  |                 |  |   | ☐ No<br>☐ Yes                                 |
|     |        | Number Street   |                     | Number         | Street   |                 |  |   |   |
|     |        |   |                     | City           | State  | Zip Code        |  |   |   |
|     |        | City State  | Zip Code            |                |  |                 |  |   |   |

| Deb  | tor 1   | First Name Middle Name   | Filed 07k         | ënt <sup>me</sup> Paq | <u>ntered</u>      | <b>Б№ № Desc Mair</b>                     | 1               |
|------|---------|--|-------------------|-----------------------|--------------------|---|-----------------|
| Part | 9:      | Identify Property You Hold or Control  | I for Some        | one Else              |                    |   |                 |
| 23.  | Do y    | ou hold or control any property that someone No Yes. Fill in the details.  | e else owns?      | Include any pro       | perty you borro    | wed from, are storing for, or hold in tru | st for someone. |
|      | _       |  | Where is the      | he property?          |                    | Describe the contents                     | Value           |
|      |         | Owner's Name   | Number Str        | reet                  |                    | -   |                 |
|      |         | Number Street  |                   |                       |                    | -   |                 |
|      |         |  | City              | State                 | Zip Code           | -   |                 |
|      |         | City State Zip Code  | _                 |                       |                    |   |                 |
| Part | 10:     | Give Details About Environmental In  | formation         |                       |                    |   |                 |
| For  | the p   | urpose of Part 10, the following definitions apply:  |                   |                       |                    |   |                 |
|      | ha      | nvironmental law means any federal, state, or local azardous or toxic substances, wastes, or material in cluding statutes or regulations controlling the clear | nto the air, land | d, soil, surface wa   | ater, groundwater, |   |                 |
|      |         | ite means any location, facility, or property as define used to own, operate, or utilize it, including dispos  |                   | nvironmental law,     | whether you now    | own, operate, or utilize it               |                 |
|      |         | lazardous material means anything an environment xic substance, hazardous material, pollutant, conta   |                   |                       | aste, hazardous s  | substance,                                |                 |
| Rep  | oort al | I notices, releases, and proceedings that you know   | about, regardl    | ess of when they      | occurred.          |   |                 |
| 24   | Has     | any governmental unit notified you that you n  | may be liable     | or potentially lia    | able under or in   | violation of an environmental law?        |                 |
|      |         | No   |                   | or posession,         |                    |   |                 |
|      | Ц       | Yes. Fill in the details.  | Governme          | ntal unit             |                    | Environmental law, if you know it         | Date of notice  |
|      |         |  |                   |                       |                    | _   |                 |
|      |         | Name of site   | Governmen         | tal unit              |                    |   |                 |
|      |         | Number Street  | Number Str        | reet                  |                    |   |                 |
|      |         |  | City              | State                 | Zip Code           | -   |                 |
|      |         | City State Zip Code  | _                 |                       |                    |   |                 |
| 25.  | Hav     | e you notified any governmental unit of any re   | elease of haza    | ırdous material       | ?                  |   |                 |
|      |         | No   |                   |                       |                    |   |                 |
|      | Ц       | Yes. Fill in the details.  | Governme          | ntal unit             |                    | Environmental law, if you know it         | Date of notice  |
|      |         | Name of site   | Governmen         | tal unit              |                    | -   |                 |
|      |         | Number Street  | Number Str        |                       |                    | -   |                 |
|      |         |  | _                 |                       |                    | _   |                 |
|      |         |  | City<br>_         | State                 | Zip Code           |   |                 |
|      |         | City State Zip Code  |                   |                       |                    |   |                 |

| Debto  | r 1      | Seth Case<br>First Name | 16-21686                           | Doc 1<br>Middle Name   | Filed 07/05/116<br>Document | Entered @7405<br>Page 45 of 64 | 1.6 (1.6;29: <u>08</u> | Desc Main   |
|--------|----------|-------------------------|------------------------------------|------------------------|-----------------------------|--------------------------------|------------------------|---|
| 26. I  | lav      | e you been a pa         | rty in any judic                   | ial or administra      | tive proceeding under       | any environmental law          | ? Include settlements  | and orders.   |
| Į      | <b>I</b> | No                      |                                    |                        |                             |                                |                        |   |
| L      | _        | Yes. Fill in the de     | etails.                            |                        | Court or agency             |                                | Nature of the case     | Status of the   |
|        |          | Coop title              |                                    |                        | G ,                         |                                |                        | case  |
|        |          | Case title              |                                    |                        | Court Name                  |                                |                        | Pending   |
|        |          |                         |                                    |                        | -                           |                                |                        | On appeal   |
|        |          | Case number             |                                    |                        | Number Street               |                                |                        | Concluded   |
|        |          | _                       |                                    |                        | City Stat                   | e Zip Code                     |                        |   |
| Part 1 | 1:       | Give Details            | About Your                         | Business or            | Connections to A            | ny Business                    |                        |   |
| 27. \  | Nitl     | nin 4 years befor       | re you filed for                   | bankruptcy, did        | you own a business o        | r have any of the follow       | ing connections to any | y business?   |
|        |          | A sole propi            | rietor or self-emp                 | oloyed in a trade,     | profession, or other activ  | ity, either full-time or part  | -time                  |   |
|        |          |                         |                                    | y company (LLC)        | or limited liability partne | rship (LLP)                    |                        |   |
|        |          | =                       | a partnership<br>lirector, or mana | ging executive of      | a corporation               |                                |                        |   |
|        |          |                         |                                    |                        | securities of a corporati   | on                             |                        |   |
| [      | <b>✓</b> | No. None of the a       |                                    |                        |                             |                                |                        |   |
| L      | _        | Yes. Check all that     | at apply above a                   | nd fill in the details | below for each busines      | s.<br>ature of the business    | Employer Ide           | entification number Do not                              |
|        |          |                         |                                    |                        | Describe the ne             | ature of the business          |                        | al Security number or ITIN.                             |
|        |          | Business Name           | )                                  |                        |                             |                                | EIN:                   |   |
|        |          | Number Stree            | et                                 |                        | Name of accou               | ntant or bookkeeper            | Dates busine           | ess existed   |
|        |          | City                    | State                              | Zip Code               | ——                          | ntant of bookkeeper            | From                   | То  |
|        |          | Oity                    | Glate                              | Zip Code               |                             |                                |                        | <u> </u>  |
|        |          |                         |                                    |                        | Danamila dha m              | -t of the business             | Facales and d          | antification number Danat                               |
|        |          |                         |                                    |                        | Describe the na             | ature of the business          |                        | entification number Do not al Security number or ITIN.  |
|        |          | Business Name           | <b>;</b>                           |                        |                             |                                | EIN:                   |   |
|        |          | Number Stree            | et                                 |                        | Nome of accoun              | ntant or bookkeeper            | Dates busine           | ess existed   |
|        |          | City                    | State                              | 7in Codo               | Name of accou               | ntant or bookkeeper            | From                   | То  |
|        |          | City                    | State                              | Zip Code               |                             |                                | 110111                 |   |
|        |          |                         |                                    |                        |                             |                                |                        |   |
|        |          |                         |                                    |                        | Describe the na             | ature of the business          |                        | entification number Do not all Security number or ITIN. |
|        |          | Business Name           | <u> </u>                           |                        |                             |                                | EIN:                   |   |
|        |          |                         |                                    |                        |                             |                                |                        |   |
|        |          | Number Stree            | et                                 |                        | Name of accou               | ntant or bookkeeper            | Dates busine           | ess existed   |
|        |          | City                    | State                              | Zip Code               |                             |                                | From                   | To  |
|        |          |                         |                                    |                        |                             |                                |                        |   |
|        |          |                         |                                    |                        |                             |                                |                        |   |

| Debto      |   | ed 07k95k16 Entered 07k95k16 11k6k29:08 Desc Main   |
|------------|---|---|
|            | First Name Middle Name DC   | ocumentme Page 46 of 64   |
|            | Within 2 years before you filed for bankruptcy, did you g<br>creditors, or other parties. | give a financial statement to anyone about your business? Include all financial institutions,   |
|            | No Yes. Fill in the details below.  |   |
| •          | _   | Date issued   |
|            | Name  | MM/DD/YYYY  |
|            | Number Street   | _   |
|            | City State Zip Code   | _   |
| Part 1     | 12: Sign Below  |   |
| aı         | nd correct. I understand that making a false statement, or                                | Affairs and any attachments, and I declare under penalty of perjury that the answers are true concealing property, or obtaining money or property by fraud in connection with a prisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|            | Signature of Debtor 1   | Signature of Debtor 2   |
|            | Date 7/5/2016   | Date  |
| D          | _   | nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| Ŀ          | ✓ No<br>Yes   |   |
| D          | —<br>id you pay or agree to pay someone who is not an attorr                              | rney to help you fill out bankruptcy forms?   |
| <b>Г</b> √ | No  |   |
| Ī          | Yes. Name of person   | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |
|            |   |   |

### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

| In re | Seth Ketchum   | Case No.                                   |                               |
|-------|--|--|-------------------------------|
| -     | Debtor   | -  | (If known)                    |
|       |  | Chapter                                    | Chapter 13                    |
|       | DISCLOSURE OF COMPENSA   | TION OF ATTORNEY FO                        | R DEBTOR                      |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing rendered or to be rendered on behalf of the debtor(s) in compensation. | of the petition in bankruptcy, or agreed t | o be paid to me, for services |
|       | For legal services, I have agreed to accept  |  | \$4,000.0                     |
|       | Prior to the filing of this statement I have received  |  | \$350.0                       |
|       | Balance Due  |  | \$3,650.0                     |
| 2.    | The source of the compensation paid to me was:   |  |                               |
|       | Debtor Other (sp   | ecify)                                     |                               |
| 3.    | The source of the compensation paid to me is:  |  |                               |
|       | Debtor Other (sp   | ecify)                                     |                               |
| 4.    | I have not agreed to share the above-disclosed comp<br>members and associates of my law firm.  | ensation with any other person unless th   | ey are                        |
|       | I have agreed to share the above-disclosed compensation members or associates of my law firm. A copy of the the people sharing in the compensation, is attached.                           |  |                               |
| 5.    | In return for the above-disclosed fee, I have agreed to re a. Analysis of the debtor's financial situation, and ren bankruptcy;  |  |                               |
|       | b. Preparation and filing of any petition, schedules, s  | statements of affairs and plan which may   | be required;                  |
|       | c. Representation of the debtor at the meeting of cred   | ditors and confirmation hearing, and any   | adjourned hearings thereof;   |
|       | d. Representation of the debtor in adversary proceed   | lings and other contested bankruptcy ma    | tters;                        |
| 6.    | By agreement with the debtor(s), the above-disclosed fee   | does not include the following services:   |                               |
|       |  |  |                               |
|       | CER  | RTIFICATION                                |                               |
|       | I certify that the foregoing is a complete statement of any a debtor(s) in this bankruptcy proceedings.  | agreement or arrangement for payment t     | o me for representation of    |
|       | 7/5/2016   | /s/ Ayah Abdelhadi                         |                               |
|       | Date   | Signature of Attorney                      |                               |
|       |  | Semrad Law Firm                            |                               |

Name of law firm

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 350.00 toward the flat fee, leaving a balance due of \$ 3650.00 ; and \$ 61.76 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 6.28.6

Signed:

Debtor(s) Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### Chapter 7: Liquidation

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

## Case 16-21686 Doc 1 Filed 07/05/16 Document

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

Entered 07/05/16 16:29:08 Desc Main Page 55 of 64

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

| - | <u> </u> | total fee          |
|---|----------|--------------------|
| + | \$75     | administrative fee |
|   | \$200    | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$310 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$235 | filing fee         |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# Case 16-21686 Doc 1 Filed 07/05/16 Entered 07/05/16 16:29:08 Desc Main UNITED STATES BANKBURG CYCQURT Northern District of Illinois

| In re: | Ketchum, Seth                              | Case No.  |      |
|--------|--|---|------|
| _      | Debtor(s)                                  |   |      |
|        |  | Chapter. Chapter13  |      |
|        | VERIFICA                                   | ATION OF CREDITOR MATRIX  |      |
|        | The above named Debtors hereby verify that | the attached list of creditors is true and correct to the best of their knowled | lge. |
|        |  |   |      |
| Date:  | 7/5/2016                                   | /s/ Ketchum, Seth   |      |
|        |  | Ketchum, Seth   | •    |

Signature of Debtor

Case 16-21686 Doc 1 Filed 07/05/16 Entered 07/05/16 16:29:08 Desc Main Document Page 59 of 64

TIDE FINANCE 565 CEDAR RD SUITE 1 CHESAPEAKE , VA 23320 USA

DEPTEDNELNET PO Box 740283 Atlanta , GA 30374 USA

OPPITY FIN 11 E Adams # 501 Chicago , IL 60603 USA

Illinois Department of Revenue PO Box 64338 Chicago , IL 60664 USA

City of Chicago Department of Revenue 121 North LaSalle Street Chicago , IL 60602 USA

Ingles Health System 1 Ingalls Dr Harvey , IL 60426 USA

| Debtor 1 Seth Case 16-2  | _  | Kerchum Case Hullibel <i>iii kii</i> i   | ;29:08 Desc Main  |
|--|--|--|---|
| First Name   | Middle Name DOCUNG   | · ·  |   |
| Part 6: Answer These Qui   | as "incurred by an individ  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily obtain money for a busine investment.  No. Go to line 16c.  Yes. Go to line 17.  | y consumer debts? Consumer debts lual primarily for a personal, family, or y business debts? Business debts are ess or investment or through the oper ou owe that are not consumer debts or  | r household purpose."  re debts that you incurred to ration of the business or  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  | paid that funds will be availa  No. Yes.   | r 7. Go to line 18.  Do you estimate that after any exempt property in the standard of the sta | s excluded and administrative expenses are  |
| 18. How many creditors do you estimate that you owe?   | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |
| 19. How much do you estimate your assets to be worth?  |  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion   |
| 20. How much do you estimate your liabilities to be?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion   |
| Part 7: Sign Below   |  |  |   |
| For you  | and correct.  If I have chosen to file under C or 13 of title 11, United States proceed under Chapter 7.  If no attorney represents me a fill out this document, I have of I request relief in accordance v I understand making a false state. | Code. I understand the relief available and I did not pay or agree to pay some btained and read the notice required leavith the chapter of title 11, United Statement, concealing property, or obtained case can result in fines up to \$250,00 and 3571.  | eed, if eligible, under Chapter 7, 11,12, e under each chapter, and I choose to eone who is not an attorney to help me by 11 U.S.C. § 342(b). tes Code, specified in this petition. |
| rens a recurs of Galactic Market and Associate transfer and the second and the se | Executed on 6/29/2016<br>MM / DD   | Execute  |   |

Case 16-21686 Doc 1 Filed 07/05/16 Entered 07/05/16 16:29:08 Desc Main

| Fill in this information to identify your case: |                           |             |                              |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|
| Debtor 1  | Seth                      | Seth        |                              |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |
| (Spouse, if fil                                 | ing) First Name           | Middle Name | Last Name                    |  |  |  |
| United States                                   | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |
| Case number                                     |                           |             |                              |  |  |  |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Part 1:  | Sign Below  |   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| Did  | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |  |
| Ø  | No  |   |  |  |  |  |  |
|  | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |
| We are a way and we want to the same of th |   |   |  |  |  |  |  |
| Arman voors annanns. Ann   | · ·   |   |  |  |  |  |  |
| Un-  | der penalty of perjury, I declare that Thave read the summary and                                 | schedules filed with this declaration and   |  |  |  |  |  |
| tha  | t they are true and correct.  |   |  |  |  |  |  |
|  | Seth Ketchum  | *   |  |  |  |  |  |
| Sign   | nature of Deotor 1  | Signature of Debtor 2   |  |  |  |  |  |
| Dat  | e 6/29/2016   | Date  |  |  |  |  |  |
| 200000   | MM/DD/YYYY  | MM/DD/YYYY  |  |  |  |  |  |

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|----------|------------------|--------------------------------------|-------------|-----------------|--|----------------|------------------------|---|-----------------------------------|
| Debtor 1 | Seth<br>First Na | ime                                  |             | Middle Name     | Docu   | Make Nalme     | Page 62 of 6           | 4   |                                   |
|          |                  |                                      |             |                 |  | . e            | totomout to anyone     | ahaut vaur husiness? In                                     | clude all financial institutions. |
|          |                  | ears before you<br>or other parties. |             | ankruptcy, die  | d you give   | a financiai si | tatement to anyone o   | about your business: in                                     | clude all financial institutions, |
| cre      | aitors,          | Of Other parties.                    | •           |                 |  |                |                        |   |                                   |
| 区        | No               |                                      |             |                 |  |                |                        |   |                                   |
|          | Yes. F           | ill in the details be                | elow.       |                 |  |                |                        |   |                                   |
|          |                  |                                      |             |                 | D  | ate issued     |                        |   |                                   |
|          |                  |                                      |             |                 | NA   | M/DD/YYYY      |                        |   |                                   |
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|          | Num              | ber Street                           |             |                 |  |                |                        |   |                                   |
|          | 1 ton            | DO: OWOO!                            |             |                 |  |                |                        |   |                                   |
|          | City             |                                      | State       | Zip Cod         | de   |                |                        |   |                                   |
|          |                  |                                      |             |                 |  |                |                        |   |                                   |
| Part 12: | Sigr             | n Below                              |             |                 | PARK TO AND THE PARK TO THE PA |                |                        |   |                                   |
| l hav    | e read           | the answers on                       | this State  | ment of Fina    | ncial Affair   | s and any at   | ttachments, and I dec  | clare under penalty of pe                                   | rjury that the answers are true   |
|          |                  | f Lundaretand fl                     | hat makini  | r a false state | ement, con   | cealing prop   | perty, or optaining m  | oney or property by nau                                     | d III collification with a        |
| banl     | cruptcy          | case can result                      | in fines u  | to \$250,000,   | , or impriso   | nment for up   | p to 20 years, or bott | n. 18 U.S.C. §§ 152, 1341,                                  | 1010, 0110 001 11                 |
|          |                  | 40                                   |             |                 | )  | /              | ×                      |   |                                   |
|          |                  |                                      | Ketchum     | 2               | _/_  |                |                        | ature of Debtor 2   |                                   |
|          |                  | Signature                            | of Debtor 1 |                 |  |                | Date                   |   |                                   |
|          |                  | Date 6/2                             | 9/2016      |                 |  |                | Date                   | •   |                                   |
|          |                  |                                      |             |                 |  | ial Affairo fo | or Individuals Filing  | for Bankruntey (Official                                    | Form 107)?                        |
| Did      | you att          | ach additional p                     | ages to Yo  | our Statemer    | nt of Financ   | iai Alialis id | or marviduais i imig   | for Bankruptcy (Official                                    | . •                               |
| 区        | No               |                                      |             |                 |  |                |                        |   |                                   |
|          | Yes              |                                      |             |                 |  |                |                        |   |                                   |
|          |                  |                                      |             | ha ia nat r     | on attornov  | to beln you    | fill out bankruptcy fo | orms?   |                                   |
| Did      | you pa           | y or agree to pay                    | y someone   | WING IS THE C   | an altorney  | to neip you    | in our burna aproy     |   |                                   |
| 図        | No               |                                      |             |                 |  |                | A 14                   | ach the <i>Bankruptcy Petitio</i>                           | n Proparer's Notice               |
|          | Yes. N           | ame of person                        |             |                 |  |                |                        | acn the Barikruptcy Petitio<br>eclaration, and Signature (C |                                   |
|          |                  |                                      | x           |                 |  | *              |                        | Side and Signature (  |                                   |
|          |                  |                                      |             |                 |  |                |                        |   |                                   |

# 07/01/20 Gase: 16-24:686ax Doc 1 Filed 07/05/16 Entered 07/05/16 16:29:08 Desc Main2001/001 Document Page 63 of 64

| Debte  | or 1 Seth   | Ketchum  | Case ne  | umber (#known)                                 |  |  |
|--------|---|--|--|--|--|--|
| J. (1) | First Name Middle   | Name Last Name   |  |  |  | 10 20 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 16.    | Calculate the median family income that   | applies to you. Follow these ste   | os:  |  |  |  |
|        | 16a. Fill in the state in which you live.   | Illinois   |  | -  |  |  |
|        | 16b. Fill in the number of people in your hou   | sehold. 1  |  |  |  |  |
|        | 16c. Fill in the median family income for you<br>To find a list of applicable median incor<br>also be available at the bankruptcy cleri | ne amounts, go online using the l  | ink specified in the separa                                  | ate instructions for thi                       | is form. This list may                     | \$49,741.00                              |
| 17.    |   |  |  |  |  |  |
|        | 17a. Line 15b is less than or equal to lin U.S.C. § 1325(b)(3). Go to Part 3  | e 16c. On the top of page 1 of this<br>i. Do NOT fill out Calculation of D | form, check box 1, <i>Dispo</i><br>isposable Income (Officia | sable încome is not d<br>1 Form 122C-2).       | letermined under 11                        |  |
|        | 17b. Line 15b is more than line 16c. On 1325(b)(3). Go to Part 3 and fill current monthly income from line 1.                           | out Calculation of Disposable  | ck box 2, <i>Disposable incor</i><br>Income (Official Form 1 | ne is determined und<br>(22C-2), On line 39 o  | fer 11 U.S.C. §<br>If that form, copy your |  |
| Part   | 3: Calculate Your Commitment Po   | eriad Under 11 U.S.C. §1   | 325(b)(4)  |  |  |  |
| 18.    |   |  |  |  |  | \$4,101.00                               |
| 19.    | Deduct the marital adjustment if it applies commitment period under 11 U.S.C. § 1325(b)   | es. If you are married, your spous<br>)(4) allows you to deduct part of y  | e is not filing with you, and<br>our spouse's income, copy   | you contend that cal<br>y the amount from line | culating the<br>a 13.                      | ¢0.00                                    |
|        | 19a. If the marital adjustment does not apply,  | fill in 0 on line 19a.   |  |  |  | - <u>\$0.00</u><br>\$4,101.00            |
|        | 19b. Subtract line 19a from line 18.  |  |  |  |  | \$4,101.00                               |
| 20.    | Calculate your current monthly income for   | or the year. Follow these steps:   |  |  |  | \$4,101.00                               |
|        | 20a. Copy line 19b.   |  |  |  |  |  |
|        | Multiply by 12 (the number of months in   | a year).   |  |  |  | x 12                                     |
|        | 20b. The result is your current monthly incor   | ne for the year for this part of the t                                     | form.  |  |  | \$49,212.00                              |
|        | 20c. Copy the median family income for you  | r state and size of household from   | line 16c.  |  |  | \$49,741.00                              |
| 21.    | How do the lines compare?   |  |  |  |  | •  |
|        | Line 20b is less than line 20c. Unless oth period is 3 years. Go to Part 4.   | erwise ordered by the court, on th   | e top of page 1 of this form                                 | n, check box 3, The o                          | commitment                                 |  |
|        | Line 20b is more than or equal to line 20ccommitment period is 5 years. Go to Part  | c. Unless otherwise ordered by the<br>4.                                   | e court, on the top of page                                  | 1 of this form, check                          | box 4, The                                 |  |
| Part   | 4: Sign Below   |  |  |  |  |  |
|        | By signing here, I declare under penalty  | of perjury that the information on   | this statement and in any a                                  | attachments is true a                          | nd correct.                                |  |
|        | ★ /s/ Seth Ketchum     Signature of Debtor 1  | KATON  | Signature of Debtor  | 2  |  |  |
|        | Date 7/1/2016<br>MM/DD/YYYY   |  | Date   | Ŷ  | ÷  |  |
|        | If you checked 17a, do NOT fill out or fill<br>If you checked 17b, fill out Form 122C-2   | e Form 122C-2.<br>and file it with this form, On line 3                    | 9 of that form, copy your cu                                 | urrent monthly incom                           | e from line 14 above.                      |  |

Case 16-21686 Doc 1 Filed 07/05/16 Entered 07/05/16 16:29:08 Desc Main

### UNITED STATES BANGRUPS COTOZURT

Northern District of Illinois

| In re:         | Ketchum, Seth                          | Case No   |                                     |
|----------------|--|---|-------------------------------------|
| <del>,, </del> | Debtor(s)                              |   |                                     |
|                |  | Chapter.  | Chapter13                           |
|                | VERIFICA                               | TION OF CREDITOR MATRIX                               |                                     |
| The            | above named Debtors hereby verify that | he attached list of creditors is true and corre       | ect to the best of their knowledge. |
| Date:          | 6/29/2016                              | /s/ Ketchum, Seth  Ketchum, Seth  Signature of Debtor |                                     |